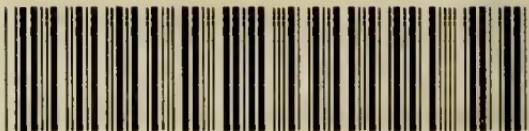


THE
COMPLEAT
BABY BOOK

SECTION 11.
CHILD REARING

ARNOLD CROSSLEY



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THE COMPLEAT BABY BOOK



THE COTTAGE MADONNA,
AFTER THE PICTURE BY JOSEF ISRAELS.

By kind permission of Messrs. Agnew.

The Compleat Baby Book

BY

ARNOLD CROSSLEY

AUTHOR OF "MARRIAGE AND BABY CULTURE"

SECTION II CHILD REARING

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INTRODUCTORY NOTE.

ONE thing to be borne in mind in referring to a book such as this is that no two children are exactly alike. Some are good from the outset, others a perpetual worry: some are wakeful, others sleepy: some are healthy, others weakly. Every fresh child calls for individual study. It has been my desire in planning this section to get it complete, consequently, if anyone can help me to make it so, I shall only be too glad to incorporate in any new edition every useful suggestion that may be addressed to me at my publisher's.

CONTENTS

	PAGE
BABY CLOTHES AND REQUISITES -	1
FIRST ATTENTIONS -	13
THINGS TO BE REMEMBERED -	24
REGISTRATION AND CIRCUMCISION -	31
BREAST FEEDING -	35
BOTTLE FEEDING -	50
IS THE BABY THRIVING -	59
VACCINATION -	63
WEANING -	72
MOTIONS AND NAPKINS -	77
CRYING -	84
SLEEP -	91
EXERCISE -	96
TEETHING -	101
AILMENTS OF TEETHING -	106
CLOTHING -	114
NURSEMAIDS -	117
AMUSEMENTS AND PUNISHMENTS -	123
INDEX -	135

The Compleat Baby Book

CHAPTER I.

BABY CLOTHES AND REQUISITES.

The first Clothes.

THE following is a list of the things needed for the baby's wardrobe:—

Woollen shawl, four feet square.

Small woollen shawl.

Three flannel binders.

Five vests.

Three petticoats of Shetland wool sufficiently long to cover the toes. (These are only needed in the event of the birth occurring in the Winter months.)

Four long gowns.

One robe.

Twelve bibs.

Two dozen napkins (22 in.)

Two caps.

Two pairs of soft knitted socks (if the baby is to be a Winter baby).

Six sheets of soft flannel.

These are, of course, only the "first" clothes. The other clothes are dealt with in a separate chapter. The list gives the absolute minimum. It means a daily washing, but, on the other hand, a daily washing is to be preferred to allowing dirty clothes to accumulate.

Barrycoats and Stays.

It will be found that I do not include the barry-coat, nor stays, nor nightcaps, nor veils, nor many other items that are usually provided for babies. Barrycoats and stays are an absurdity. They are not needed for warmth, and they are certainly not needed for support to the back. If any support is needed, the child can be carried about on a pillow. Imagine what your own feelings would be if you found yourself swathed with a tight band of several thicknesses round your body, a vest to cover it, a barrycoat of two other thicknesses on the top of the vest, then a petticoat, then a dress, then a bib, and finally one or two shawls for the sake of extra warmth. Add two napkins and a pilch, pinned up between the legs (and probably soaked with wet),

and you will then begin to realise why it is that babies are said to be troublesome. A baby's clothing should be planned to give all the comfort and freedom possible, consequently the wardrobe I have indicated is ample for every need, even in winter. It must not be forgotten that people take in air through the skin as well as through the mouth and nose. Too many clothes are worse than no clothes at all.

A shawl is more suitable for an outdoor covering than the ordinary ready-made coat, which, as a rule, is badly designed, with too many thicknesses at the neck, and not enough protection at the feet. The shawls are warmest and lightest if made of Shetland wool. The stitch can be learnt at any fancy shop on payment of a shilling or so for the lesson.

Binders.

The binders, or belly-bands, should be three and a half inches wide. They need only be long enough to go twice round the body. The binder can be dispensed with directly the navel has healed, but it is better not to leave it off suddenly, lest the child may take cold. The safer plan is to cut off portions of it day by day.

The vests can be made either of Shetland wool or a mixture of cotton and silk. They should have

long sleeves, and be open for about two inches down the front.

The long gowns must not be needlessly long; not more than thirty-six inches at the most. All that you require is something to cover the little feet for the first few weeks, in order to keep them always warm. The Butterick Co. issue a very simple pattern, shewing how the gown may be made in one piece. The sleeves should be wide, and drawn up at the wrist by means of baby ribbon, run through herring-boning. The cuffs can be lined with white silk. There must be no lace about them: it is only an annoyance, and it gives needless trouble in washing: embroidery is more effective.

Bibs.

Bibs for morning use should be of the simplest type, but the mother will be able to devise some embroidered ones as well, made of lawn, with a pad beneath to absorb the moisture. A small handkerchief may be made into an excellent bib, and has the advantage that it can be turned round as soon as one of the corners becomes wet. Bibs will not be needed until the child is a month old.

The napkins are best of Turkish towelling. This is sufficiently absorbent, and if they are well washed

before use (in order to remove all the "dressing" from them) they are soft and pleasant to the skin.

The caps are best of embroidered silk or satin, with strings of chiffon. They should be made close fitting, and without any of the overloaded frilling so much in use. French caps made with cotton are cheap and charming, and lace caps are the prettiest of all.

The sheets of soft flannel are useful to cover the baby when taken out of the cot. They can be made of old flannel; in fact, the mother should begin as early as possible to save all old flannel and old linen for future use.

The Baby's Bath.

The following are the requisites for the baby's bath :—

Bath.

Two nursing aprons of soft flannel.

Four soft Turkish towels.

Two sponges.

Small sponge.

Soap, and soap dish.

Two enamelled ewers.

A French bouillot is also useful for heating water.

The bath should be oval, and of white enamel.

It should rest upon an iron stand that can be folded away when not in use. This will raise the child to the mother's level for washing purposes. For a child that splashes to any extent, it is a good plan to place the bath inside a travelling india-rubber bath, or on a big bath sheet. Baths are also obtainable with a wide margin from which water can drain back into the bath.

The Cot.

The following are the requirements for the cot:—

- Basket-work cradle.
- Travelling cot.
- Hair mattress.
- Pillow.
- Four pillow slips.
- Six sheets of soft flannel.
- One double blanket.
- Eiderdown coverlet.
- A little indiarubber hot-water bottle.

The cradle should have the rockers and hood removed, and, if there are no children in the house likely to upset it, the cot can be raised to bed level by a wooden stand. It should be lined with cotton wool, covered with Liberty silk, and embroidered, and the coverlet should harmonize with it. A cot

made on lines such as these is infinitely to be preferred to the stupid and costly "layette."

The mattress must be a hair mattress, in order that wet may run right through it. The mattress will need frequent airing, and the customary waterproof sheeting can then be dispensed with. Waterproof sheeting ought never to be used, for its use means that the child is allowed to stew in a pool of wet. If the wetted mattress is turned over and covered temporarily by a thick blanket, and afterwards aired, this is quite sufficient. Babies properly looked after rarely wet in the cot.

The travelling cot.

The travelling cot is one of the most serviceable inventions I have ever encountered. The best I know of is made by Edgingtons, of Duke Street, London Bridge, and is of canvas, supported on an ingenious framework of poles. There is no need to have a mattress for it (although a hair mattress is to be desired), and the whole thing can be carried in an ordinary hold-all, or the canvas used in packing, to carry surplus luggage. It can be put together in a few minutes: it never wears out, and is easily washed and dried. Two or three holes should be made in the bottom, in order that any wet may run through into a receptacle below. The quantity of wet will shew

how very wrong it is to allow wet to remain in the cot.

The pillow must be small and thin, and the pillow slips should be made of linen, with neither lace nor embroidery on them. There are people thoughtless enough to embroider monograms on the pillow slips. It never occurs to them how they would like to sleep on a pillow with a monogram in the middle of it.

An improvised cot is often made by using a drawer or clothes basket. The basket is easily moved about, and useful for the garden.

The Baby's Basket.

The following are the requisites for the baby's basket :—

Blunt pointed scissors.

Nail scissors.

Soft hair brush.

Mennen's powder.

Vaseline.

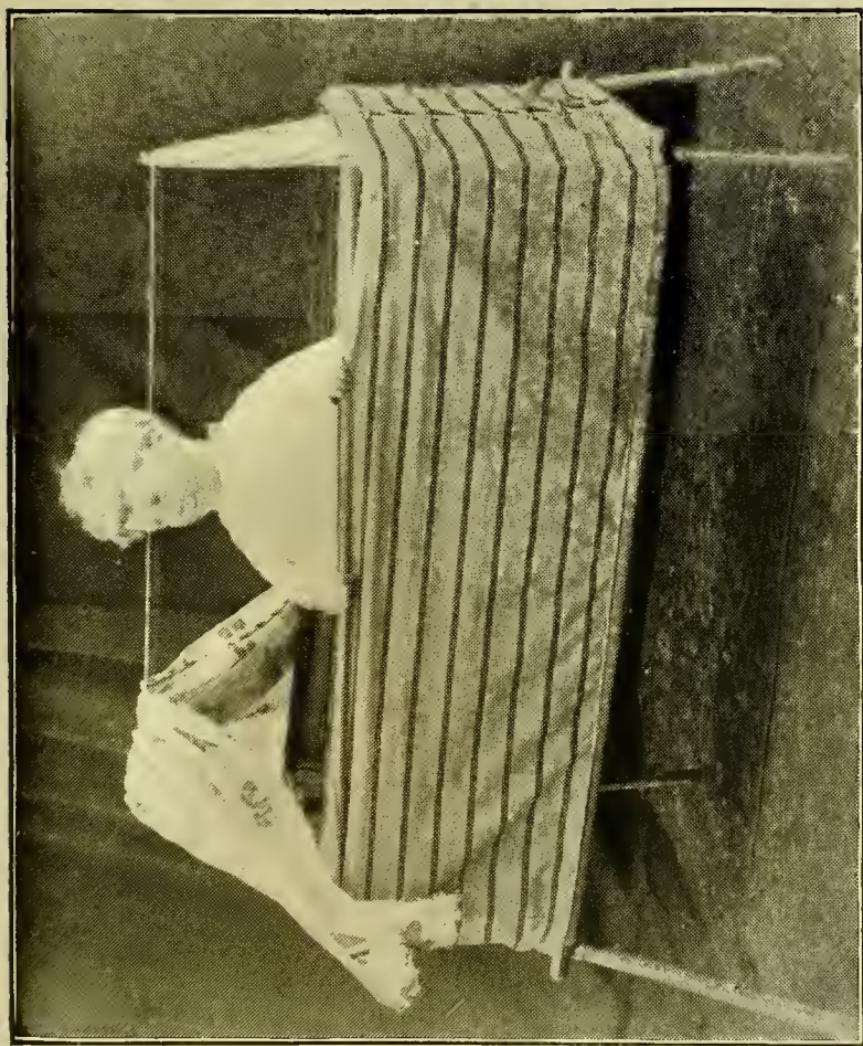
Boric acid, in a dry powder (one ounce).

Needles and white thread.

Safety pins.

Old soft linen for the eyes and mouth.

The basket itself should be decorated with the same material as the cot. It is convenient



THE TRAVELLING COR.

to have it on four legs in order to raise it to sitting height, and it should contain two pockets: one for the linen and the other for the scissors and binders; also a pincushion for the safety pins and needles. There should also be a basket-work tray underneath it. This is useful for sponges and napkins.

The pram.

The following are the requisites for the perambulator:—

Two pillows.

Three pillow cases.

Two blankets.

Cover of leather cloth, made to fit.

Small sponge and teaspoon in sponge bag.

It would be well for you to wait until after the birth of the child before selecting the perambulator. If you have advertised the birth in any of the London papers, you will almost certainly receive a shower of circulars from the various manufacturers, and you can then choose at your leisure. A good many matters have to be taken into account, such as whether the perambulator is to be used in a rough and heavy country, or whether you want it for paved footpaths. There are perambulators that are easily bowled over with a gust of wind,

and others that must be kept on absolutely level ground if you care for your child's safety. The mother herself can generally bear in mind the habits of her perambulator, but there is danger in trusting it to a nursemaid. Needless to say, it must be hung on carriage springs, so that there may be no vibration, and there must be room enough to hold two children in case of need. It must not topple over when a child stands up in it, and there must be a catch to fasten one of the wheels whenever the nurse has to leave the child in order to go into a shop. My own preference is for one with a carriage body painted white, and without any ornamentation. The basket-work perambulators are fascinating in the price lists, but they get dirty, and soon lose their shape, and creak all over. The hood should be made of a durable material that will not crack, else it will become unsightly.

The child should not be placed in a go-cart until after the first year: its back is not strong enough to stand it. The cheaper type of go-cart is also made without springs, or with no springs to speak of; consequently, the only way of checking the vibration is to cushion it. Go-carts are convenient for rough country, and for taking by train; but the child should never be allowed to fall asleep in one.

The Nursery.

Finally, there is the nursery to be considered. This should be the sunniest and roomiest room in the house. The window ought to be low down, so that the children may see out of it, and it will need to be guarded by railings. The nursery fire must be a genuine fire, or stove: not a gas fire. In a nursery, the air needs to be of the purest. There should also be a varnished floor, two large rugs that will wash, a marble fender, casement curtains to the windows, a few good pictures, no ornaments to collect dust, and only the essentials in furniture, that is to say, a chesterfield settee, a low table with unpolished top, a low chair without arms (preferably with cane seat and back), a cosy armchair, a three-legged stool, a long fireside ottoman (known I believe, as a "fenderette"), a white enamel tray, two white enamel chamber utensils, a swing hanging in the doorway, and a high fireguard. The fireguard is useful for airing the children's clothes. The chest of drawers for the children's clothing is better outside the nursery. This allows more space for the children, and removes the possibility of nasty tumbles against projecting corners. In our own nursery we have a dwarf bookcase that serves admirably as a doll's house. We have also a doll's bed made long enough to fill one of the

shelves, so that dolls and Teddy-bears may be packed in at both ends of it, and with sufficient depth to serve as a small child's "pig heap," so that books, pencils, nuts, and all the rubbish that children love to accumulate may find space beneath the doll's mattress.

No food must ever remain in the nursery, nor any soiled clothing or slops.

CHAPTER II.

FIRST ATTENTIONS.

The eyes.

IN the first washing of the baby there are two matters to which the mother must herself pay special attention, lest they be forgotten, or attempted inefficiently. First of all, the eyes have to be washed with a lotion, made by mixing a teaspoonful of boric acid in a glass of water, just off the boil. The baby should be laid on its side upon the bed, and a piece of absorbent cotton placed on the nose, so as to prevent the solution from running from one eye into the other. In washing the eyes, no force must be used. The nurse can gently part the eyelids, and then a drop or two of the lotion may be let fall from a linen rag right into each eye. The eyes are not in the least irritated by this treatment. Each eye must then be wiped with a scrap of soft linen rag dipped in the lotion, and under no circumstances must the same rag be used for both eyes. Immediately after use, it should be thrown into the

fire. The object of the washing is to get rid of any matter in the eye that would be liable to set up inflammation, or do any injury to the sight. Many cases of blindness from birth have been traced directly to neglect of the eyes; consequently, the mother should satisfy herself, either by her own examination or by enquiry from the doctor, that the washing of the eyes is effectual.

The next thing to be attended to is the mouth. Take a piece of clean linen, dip it into the boric acid solution, put it on your forefinger, and thoroughly cleanse the inside of the mouth. This should be remembered regularly every day in order to guard against any possibility of the complaint known as thrush. The nose should also receive attention. Any hard mucous can be hooked out gently with the round end of a hairpin.

The Scalp.

The next thing to be done is to put pure olive oil or vaseline on to the head, and rub it into the roots of the hair with warm flannel. Fresh butter will serve the same purpose. At the time of the birth there is a cheesy deposit upon the head, and unless every particle of this is removed, the child is likely to have patches of scurf. These can only be got rid of afterwards by persistent using of the olive oil day after day, probably for a week. In a

case of neglect, the oil should be allowed to remain for four or five hours, after which you may be able to get rid of the scales with a tooth comb. Washing the head with a teaspoonful of borax in the water may also be helpful to get rid of the patches.

After the eyes and scalp have received proper attention, the baby must be bathed, if strong enough to bear it. In the case of a premature, or very weakly, baby, the bath is usually postponed for a few days; the body being merely greased all over with olive oil or vaseline. The water for the bath should be soft water, and the temperature should be tested with the elbow rather than the hand, in order that it may not be too hot. The proper temperature is 95 degrees Fahrenheit in winter, and 90 degrees in summer. If soft water is not available, a similar effect can be obtained by mixing a handful of fine oatmeal to the consistency of thick gruel, and pouring this into the water. Water softened in this manner tends to keep the baby's skin soft and supple. Before the child is put into the bath, the water must be mixed with the hand, so that the whole of it may be of even temperature.

Washing the newborn baby.

The child should be placed on the nurse's knees and soaped with a pure emollient soap, very little of it

being used, and care taken that none of it gets into the eyes. The little neck will seem very limp, consequently the head must be supported. The baby will probably grizzle a good deal during the soaping operation, but this is a matter of no consequence, so long as the work is gently done. A grain or so of Demerara sugar on the tongue may be used as a pacifier. Every part of the body, including the head, and particularly the armpits and groins, must have attention, and then the head can be sponged, the water being wiped away from the face, and the child placed in the bath up to the neck, and sponged all over with the warm water, head included, care being taken not to let the water get into the ears. The baby is supported in the bath by the nurse's hand and arm being under its back. Should the child appear to be frightened of the bath, it would be well on subsequent occasions to put a blanket over it, and gently lower the baby into it, so that the little body may not come into contact with the basin. The child is almost certain to enjoy the bath and will even bear floating in it, if you grip the little hands in your own, and do it gently.

Drying.

The child should not remain longer than five minutes in the water; and then the drying

must be done quickly, but very carefully. Every single crack and crevice must be attended to (not forgetting the ears), in order that there may be no need for extensive powdering. Powder is liable to cake in the crevices, drying up the pores, and hindering perspiration. For drying purposes, the nurse should have on her lap a flannel apron, covered with a soft warm towel, doubled, and should use another warm towel to dry with. The drying towel must be placed to warm in readiness. There must be no rubbing. The drying is best done by gentle patting movements. The flannel apron is sometimes made double so that the upper flap may be over the nurse's shoulder during the soaping operation in readiness for the baby to lie down upon it during the process of drying and powdering. By this means the under towel is dispensed with, and the child saved from the discomfort of a damp apron. The drying being finished, the nurse should examine the child all over, to see if there be any redness. Any red places should be treated with ointment rather than powder. If powdering is needed, this must be put on lightly and sparingly, preferably with the finger.

Holding out.

Then comes the holding out. This will save a world of trouble if attended to regularly after the

bath. The way it is done is to grip the baby by the thighs, gently but securely, and tilt off the lap, holding the legs slightly apart, and allowing the child's back to rest against the flannel apron. The hips are very tender, and the bones quite soft, so that great care is needed. Possibly the holding out may not be a success, but in the event of a motion resulting, the buttocks must be sponged with warm water, and thoroughly dried. The baby can then be laid face downwards on the nurse's knees, with the head towards the fire, and gently rubbed all over with a warm hand, particularly up and down the spine. It will stretch its little limbs, and thoroughly enjoy the friction.

Next follows the kicking by the fire. Get a pillow from the bed, and put an eiderdown quilt on it, and, over the quilt, a napkin for fear of accidents. If the accident happens, you can lift a clean corner of the napkin, raise the baby's legs, cover the soiled portion, sponge away from the child every vestige of the motion; dust with precipitated fuller's earth if needful, and then remove the soiled napkin. The baby may now kick to its heart's content. The beautiful little body looks sweetly pretty in the glow of the firelight. The eyes open widely, and the child enjoys the warmth, flinging about the tiny limbs, and getting splendid exercise. The bath can now be removed, and the

clothes examined to see that they are in readiness, and properly aired. At last the baby begins to whimper, and starts the "food" cry. The dressing must accordingly be attended to.

The Navel string.

First the navel must be protected. Take a little square of linen, and cut a hole in the centre of it. Pass the string through the hole in the linen, sprinkle round it some dry powdered boric acid, then gently fold the linen over, allowing the cord to point upward. Some of the older nurses are in the habit of scorching the linen; with the object, so they say, of getting rid of any loose threads or strands that might serve to irritate the navel. Its true object, if any, is to sterilize the linen, but there is no necessity for it, assuming the linen to be clean. The baby is now ready for the binder. The sole purpose of the binder is to protect the cord. It is intended neither for warmth nor to give support to the child, and should, therefore, only be long enough to go twice round the body, in fact, it may safely be abandoned directly the navel string has come away. The band must not under any circumstances be tight, but ought, rather, to be sufficiently loose to allow a couple of fingers to go under it. A binder too tight is liable to induce vomiting. The fastening is done by

stitching with needle and thread, care being taken not to prick the child. The navel string comes away by itself in the course of a few days, and must on no account be tampered with. If there is any bleeding from the string it should again be tied very tightly.

Dressing the newborn baby.

At last comes the dressing. This, with sensible people, is a very simple matter indeed. All that is required is a little silk vest—something to cover the shoulders in case of the bedclothes slipping away. The vest and any other clothes are put on by the legs, and not over the head; for the reason that there is an opening in the skull that must on no account be injured or clutched when the child is struggling. Of course, there must be a napkin. This should be folded cornerwise, and laid under the buttocks, the corners being carried over to the front, and fastened to the vest with a safety pin.

The baby may become restless at being dressed; the little face wrinkles, and there is a whimpering cry. Possibly a drink of water may act as a comforter. This can be given from a teaspoon, and the baby will sip it eagerly. Babies get as thirsty as grown-up people, and it is astonishing with what reluctance mothers give them water. I have known mothers to whom such an idea has never even

occurred, and yet when the child is teething, and the mouth hot, a little water comes as a grateful relief, and the mother is astonished to find how eagerly the baby sips it. As soon as the napkin has been fixed, the baby is ready for the breast, if the mother is fit to give it; otherwise the better plan is to put the baby into the cot for a sleep. If the child is put to the breast, it will soon drop off to sleep, and should then be lifted gently into the cot. Should the weather be cold it may be advisable to put a hot water bottle at the back of the child, enclosed, of course, in a piece of blanket.

Premature babies.

A premature baby is generally dressed in a cotton wadding coat, with wadding wound gently round the arms, and a piece of lint for a napkin. Hot bottles properly protected should also be put in the cot at each side of it, and at the feet.

Before going to bed at night the nurse should see that a pan of soft water is ready in the room to be placed on the fire in the morning for the baby's bath, also that there is plenty of cold water to mix with it, also that the apron and towels are put to dry, and the napkins to keep warm. The night-light can now be lit and the fire made up to last through the night. It is a good plan to put a layer of coals on the fire, cover with a

layer of ashes, and sprinkle some water on it. The window may be opened wide right up from the bottom, and the cot placed near to it, so that the fresh air may play freely over the child. The child will not take cold: the covering being ample for warmth.

Night duty.

From time to time a little whimper will come from the cot, and the nurse must be out of bed in a moment. She will find it a comfort to wear sleeping socks in the winter time in order to avoid getting out on to a cold floor. The child should at once be "held out." If the napkin is already wet, the baby can be laid on the bed, the wet napkin removed, a dry one substituted, and attention given at once to the cot to see that it is dry. Then comes a long meal, in fact the baby will probably be in no mood to go back into the cot, but will lie cosily on the arm of the mother. She may be able bit by bit to edge the little one away from her arm, but whenever the nurse attempts any movement to take the child to the cot, the baby is awake in a moment. The nurse may probably find it necessary to sit down by the fire, and then, putting her hand under the baby's chest, she can allow the little one to lean forward and enjoy the warm glow. According to all the

baby books, the baby should be put down in the cot wide awake, and allowed to grizzle. But you cannot very well disturb a whole household in the small hours of the morning ; and after all, it seems very unreasonable to check the natural instinct of the child to snuggle up to the mother, particularly when newly-born.

CHAPTER III.

THINGS TO BE REMEMBERED.

Rapid delivery.

WHILST this Section has been passing through the press, my fourth baby has been born to me, and his coming, as in the case of his predecessors, was embarrassingly rapid. Correspondents of mine who, like myself, have been living the "simple life," report a like experience, and I now find it to be a necessary supplement to the teaching on "Painless Delivery" in Section 1 of this work, that a sequence should be given of all the items that need to be done at the birth, so that the husband may not be flurried when he is faced with the novel necessity of having to deliver his own wife.

The first indications will be a slight pain, sudden activity of the bowels, and an uncontrollable flow of water.

Preliminary to the Birth.

The items to be remembered come in the following order :—

Send for the nurse and telephone to the doctor.

Open the bedroom windows.

Light fires in bedroom and kitchen.

Put soft water on to boil, also a kettleful of drinking water, and fill an ewer with soft water.

Let the wife undress, and put on nightgown, dressing gown and slippers.

Collect narrow French tape, strong thread or thin string for the cord, also clean scissors, vaseline, olive oil, boric acid, linen for the eyes, safety pins, a blanket or flannel to lay the baby in, a roller towel and a sanitary towel.

Prepare the bed as directed in Section 1, p. 48.

Get out the bath, the cot, the baby clothes and the baby's basket, also a spare chamber.

Put towels and the baby's vest to air at the fire, also air the cot.

Smear the entrance to the vagina with vaseline.

The Birth.

When the head appears, tell your wife that the baby is alive, and urge her not to "bear down" too strenuously, but to be patient.

When the birth is complete, remove the baby eighteen inches from the mother.

See that the cord is not entangled round the neck or limbs.

Wipe the baby's eyes and mouth with separate pieces of old linen, and clear the nose of mucous.

Without haste, get the tape and scissors.

Tie the cord tightly one inch from the body, and an inch higher up. (This is by no means easily done if you are nervous, as the baby is likely to kick its legs in your way; but if you take time, and do it leisurely, you will manage it efficiently, if not artistically.)

Cut between the ties with scissors. (This will give you a queer sensation, as the cord "gives" under the scissors, and does not always sever at the first pinch: but relief comes to you when you find it severed, and the baby none the worse. If the tie furthest from the body is not firm, there may possibly be some bleeding from the afterbirth, but there is no cause for alarm).

Let the mother see her baby.

Remove the baby to the flannel receptacle by the fire.

The Afterbirth.

The mother may now like a drink of water, tea, or hot milk.

After a quarter of an hour, if the afterbirth has not come away, hold the cord gently with one hand,

press lightly on the abdomen with the other, tell the mother to cough, and the afterbirth will appear.

Get ready a chamber, and take the afterbirth in both hands, twisting it both ways to get out the clots and membranes attached to it, and drop into the chamber.

Cover up the afterbirth till you have time to burn it.

Remove the upper sheet, and any bedclothes with blood upon them.

Get a basin with warm water and Condyl's Fluid, and sponge the mother.

Wrap a roller towel round the abdomen, and fasten it with safety pins.

Fasten into position an ordinary sanitary towel.

Make the bed comfortable for the mother.

Bathing the baby.

Mix a teaspoonful of boric acid in a glass of water just off the boil.

Pour hot water into the bath, and mix with cold soft water.

Lay the baby on the bed on its side, and cover with warm flannel. (You will feel a little afraid to handle the baby, but the flesh is firm enough, and you will quickly gain confidence.

Take three squares of old linen from the baby's basket. Dip one of these in the boric lotion, then squeeze a drop of the lotion into one of the eyes,

wiping the eye with the linen, which then throw into the fire.

Repeat for the other eye. Drop the lotion into the eye when open if possible, or you can get it open by separating the lids.

Wrap the third piece of linen round your forefinger, dip in the lotion, and swab out the baby's mouth.

Go all over the baby with olive oil or vaseline or fresh butter—head particularly, and hair very thoroughly.

Test the bath water by putting your elbow into it.

Soap the baby lightly, particularly in the creases.

Sponge the soap away from the head and face.

Put the baby into the bath, with back resting on your hand and arm, then with your other hand sponge water on the head, and gently clear away all soap from head and face.

Drying.

Put a soft warm towel on your lap, doubled, and lift the baby on to it.

Put another warm towel over the baby, and gently dab till dry.

Go over all the creases and the armpits, opening and drying them.

Shake a little Mennen's powder into each crease, and spread it with your finger.

Hold the baby out in front of the fire, in the hope that it may pass a little water.

Lay the baby face downward on your knees, and rub gently along the spine.

Get a pillow, cover with an eiderdown quilt, put a napkin over it, and allow the baby to kick for a few moments quite naked in front of the fire, being careful of draughts, also not to scorch the child's legs.

Dressing the baby.

Take a square of linen, and cut a hole in the centre large enough to pass over the cord.

Collect the vest and binder (ready rolled up in the baby's basket), also some dry boric acid, a safety pin and a needle and thread.

Put the linen over the cord, sprinkle freely with dry boric acid, fold the linen over it, and lay the pad flat with the cord pointing upwards.

Take the binder, and place one end of it on the belly over the pad: then raise the body of the child, and pass the roll under it, unrolling the binder all the time, but without stretching, then once again under, and when you come to the end, see that the binder is not in the least degree tight.

Hold the end with your left hand, and then with your right, take the needle and thread, and stitch the end to the uppermost portion of the binder,

taking care not to prick the baby.

Put on the vest, passing it over the legs, and fastening at the neck, but not tightly.

Adjusting the napkin.

Fold a napkin cornerwise, lay it under the child, fold over the ends, gather up the uppermost of the two corners between the legs, and fasten the three pieces to the vest by means of a safety pin. (Ordinarily the napkin need not be taken up between the legs, but the first motions come thickly and almost black).

Wrap a warm flannel round the baby, and put it into bed with the mother.

The mother will then try to get the nipple into the baby's mouth.

As soon as the baby wakes, see that it is held out, cleaned, and napkin changed if wet; then return to the mother.

CHAPTER IV.

REGISTRATION AND CIRCUMCISION.

Notification of Births.

WITHIN thirty-six hours after the birth a written notice should be sent to the medical officer of health for the district in which the birth occurs. In any district where the Act of 1907 has been adopted, the sending of such notice is compulsory, and any father actually residing in the house at the time of the birth is liable to a penalty of not exceeding 40 shillings should he fail to give this notice, unless he has reasonable grounds for believing the notice to have been already given by somebody else. The notification must be given even if the child is stillborn.

The birth of a living child must also be registered within 42 days next after the occurrence of the birth. For this purpose, either the father or the mother should attend, during the proper office hours, upon the Registrar of the district where the

birth has occurred, in order to give the needful information, and sign the Register.

Registering the Birth.

The information can be given by anyone present at the birth, or by the occupier of the house in which it occurred, or by anyone in charge of the child, but the Registrar will call for the attendance of one of the parents, if either is available. No fee is payable on registration. The parents, being the primary informants, are liable to a penalty of forty shillings if they fail to see to the registration. In the event of their having removed from the district, the registration can be accomplished by a declaration, made at the office of any other Registrar of births. This will be forwarded by him to the proper district, and he is entitled to a fee of two shillings for his trouble. If the registration is not effected within three months from the birth, it must take place at the office of the district registrar, and in the presence of the Superintendent Registrar, who will be entitled to a fee for his attendance, and if the registration is delayed for longer than a year, then it can only be effected by the Registrar General. There is no necessity for any Christian name to be given on registration, and in the event of the parents deciding on the name after registration, or wishing to add a further name to the

one in the register, this can be entered upon the register at any time within twelve months from the birth, on payment of a fee of one shilling, provided baptism did not precede registration. A name given in baptism prior to registration cannot be altered in the register. If the new name is a baptismal name, then the person registering the name must produce a certificate by the minister or other individual performing the baptismal rite.

Circumcision.

Another matter that requires early attention is the question of circumcision. This is more than a religious rite: in some cases it is necessary. If a baby boy fails to pass water for the first twenty-four hours, you must mention the matter to the doctor, and he may suggest to you that the child needs to be circumcised. The operation is nowadays being greatly advised, more often perhaps than is necessary. If the foreskin be very long or very tight, it is certainly better to have it attended to, and the operation should be done as soon as the child is strong enough to bear it. Circumcision later in life is painful, and attended with some degree of danger; yet there are cases where the operation is deferred until marriage makes it necessary. A tight foreskin is the source of much trouble. It induces baby boys to play with them-

selves, and is probably the cause of a good deal of the bed-wetting that occasions so much anxiety to parents. In any case, a foreskin that cannot be drawn back prevents the cleaning away in the bath of a sebaceous secretion that is liable to become offensive, and is often the cause of an odour for which it is otherwise difficult to account. The mother should be careful to see that her boys keep themselves clean.

If circumcision has been put off month after month, until the baby is a few months old, the doctor will probably advise you to defer the operation until the child is about four years old. Circumcision at birth can be effected without chloroform, but, as soon as the child is strong enough to struggle, the operation is impossible without an anæsthetic, and there is danger in giving chloroform to a baby, consequently the operation is of necessity postponed, unless there is any urgency. The wound will heal in about a week, but the dressing is painful, particularly if stitches have been used.

CHAPTER V.

BREAST FEEDING.

The value of breast feeding.

IT is becoming more and more recognised by medical men that the decline of breast feeding is largely responsible for the excessive infant mortality in this country, to say nothing of the suffering and enfeeblement of those who survive. It cannot, therefore, be urged upon the mother too strongly that she should nurse her own child. There is no diet equal to breast milk for developing muscle, for making bone, and for producing a beautiful rounded contour of the limbs. It makes the child contented and happy, and lays the foundation of a healthy constitution, with all the needed tone to resist disease, and cut teeth easily, in fact, it is said that the teeth of breast-fed children are better in texture, more regular in appearance, and longer lasting than the teeth of the bottle-fed children. Breast feeding is also the best specific

against diarrhoea, and it renders the child practically immune from all infectious diseases during the period of nursing. When there is an epidemic of measles in the house, it is a great comfort to feel that the baby is safe. Furthermore, breast milk is invaluable as a medicine for the child in times of illness, to say nothing of the comfort and relief to be gained from it.

Its value to the mother.

But, apart from any question as to the health of the child, it is of paramount importance to the health of the mother that she should complete the function Nature has ordained for her. The first sucking of the child helps the womb to contract, is a preventive of after pains, and a specific against flooding. It strengthens the mother, and keeps her from nervousness, and is a safeguard against miscarriage in the future. Women who neglect to nurse their own children are also more likely to contract diseases of the breast. To anyone who considers the matter for a moment, this must be self-evident. The breasts are prepared for their proper function from the very moment of conception. All through the pregnancy their development is in progress. If, therefore, they are deprived of the duty they are destined to perform, it stands to reason that suffering must follow. It is said that



A BREAST-FED TWO YEAR OLD.

women who have been bottle-fed are often unable to nurse their own children, no matter how badly they may wish to do so.

The rewards of nursing.

The work of nursing imposes upon the mother a good many inconveniences, but these are as nothing compared with the rewards. There is no sensation in life more delightful than that of a mother with her child at the breast. If mothers could only realise how much they surrender by giving up this wonderful privilege, there would be fewer "foods" on the market. Personally, I have nothing to say against any of the advertised foods. I have no doubt they are nourishing; also that in many cases infants thrive upon them; but they are apt to make the little one fat and flabby, instead of firm and muscular; and, although the proprietors may be able to point to many successes, there are instances without number where "foods" have been proved to be harmful, possibly through faults in mixing, or from other causes for which the makers are not to be blamed.

The duty of nursing.

Naturally, if the mother is too weak after her confinement to nurse her own child, then there is nothing for it but to bring the baby up by hand;

but I have no hesitation in saying that any mother who wilfully neglects her bounden duty in this matter is guilty of a crime against God, against herself, and against the child. She must be prepared to sacrifice herself absolutely to the welfare of the child. In doing so she will deprive herself of many pleasures. Her social duties must be neglected, and she will be practically tied to the little one during the nine months of nursing. But at all costs she must perform the task allotted to her, else, if anything should happen to the child, she is nothing less than a murderer, and ought to be made so before the law. This is strong language, but I cannot think of anything stronger.

When bottle feeding is permissible.

Of course, there are cases where it would be positively harmful to both mother and child for the mother to undertake the nursing herself; but cases such as these are by no means so frequent as one might suppose. For instance, a mother who is cancerous, or consumptive, or insane, or suffering from any skin disease, or acute illness or general debility, should not be encouraged to suckle her baby. There are mothers whose temperament and strength will not allow of their nursing a child at the breast, but at least they can give it a trial, and if they break down in their reso-

lution, this should only happen when they find that their milk is not sufficiently nourishing and positively harmful. The baby will come to no harm by being kept without the breast even for ten hours after the birth, so that the mother may have time to recover her strength. Many women, who are in dread lest they should be pulled down by nursing, are astonished to find that it not only strengthens them, but actually improves their general health and appearance. Amongst working women, particularly those who have to work in factories as well as in their own homes, the labour they perform is so exhausting as to absorb all their strength, leaving nothing for the child. Much the same difficulty occurs in the case of women who are compelled to depend for nourishment upon the wages of husbands too lazy to work, or too drunken to care what becomes of the children. Women who are starved cannot be expected to furnish an adequate milk supply for their babies. Milk from an impoverished mother can only result in rickets to the child.

The first secretion.

The first secretion that comes from the breast is not milk at all: it is a sort of aperient, that is needed to clear out of the baby's bowels a dark-green substance, called the *meconium*. This should

come away in the first day or two, else it may become necessary to give an injection of warm water, or a mild aperient, such as half a teaspoonful of Demerara sugar in a teaspoonful of warm water.

When a feeble baby has been put to the breast it is advisable to examine the mouth for any traces of milk, and, if it is not strong enough to suck, then the milk can be extracted from the breast and given to the child by the teaspoonful every hour or so till it can take the breast properly.

The milk should come copiously as soon as the child's bowels are cleared. It spurts, not as one is apt to suppose, from a single orifice in the nipple, but from quite a number of tiny sources, just as water is poured from the rose of a watering can. The idea is prettily shown in Tintoret's famous picture, *The Origin of the Milky Way*, now in the National Gallery.

How to nurse.

If the nipple is not sufficiently prominent for the child to get a firm hold upon it, efforts should be made to pull it gently, and to assist the child by pressing one finger above and the other below. A breast glass may also be used to draw out the nipple, and fomenting with a soft sponge dipped in warm water is often helpful. If the milk is too



"NOUNOU."—From the Painting by C. Giron.

By kind permission of *The Studio*.

copious, the mother will have to wear something inside her blouse to absorb it, and she would do wisely to try and regulate the flow by gentle pressure with her fingers, else the child will probably vomit the milk. An excessive flow of milk generally indicates that the mother is out of health, and the milk is probably too watery to be nourishing. If the milk be scanty or not sufficiently nourishing, the mother should feed herself up, and apply hot poultices to the breast. A glass of milk, a bowl of baby food, or even a cup of tea will often suffice to fill the breasts almost in a moment.

Is the milk nourishing?

The mother can generally tell when the milk is not affording sufficient nourishment by noticing the top of the baby's head. If it is firm and round, then the milk is all right; but if there is any shrinkage, then the mother must attend to her own health. A baby that cries for food every hour and has neither wind nor sickness, cannot be getting sufficient nourishment. Possibly the mother may be able to supply the deficiency by taking more fat with her meals, such as plenty of cream and butter, or cod liver emulsion; but if the child does not gain steadily in weight, then recourse must be had to

bottle feeding. A child at the breast may be allowed to feed till satisfied. As soon as it has had enough, the mouth will drop from the nipple, and the little one will probably drop off to sleep. For the first week or so, the mother should abstain from meat, particularly from pork and veal; in fact, these should be eaten sparingly all through the nursing time. Pastry, pickles, and greenstuff are also best avoided, but vegetables properly boiled are permissible. Patent medicines must under no circumstances be taken by the mother. Anything wrong in the mother at once flies to the milk, and from the milk to the child. It is said that violent passions in the mother have a marked effect upon the milk. The mother should lead a placid life, remote from excitement and worry. Sometimes, the clash of housework impoverishes the milk, making the baby fretful, and always struggling for the breast. Frequent intercourse is likewise harmful during nursing, and should be carefully avoided.

Stimulants.

Under no circumstances must the nursing mother take stout, rum, or alcohol in any form. Stimulants such as these may possibly increase the flow of milk, but they deteriorate the quality of it, and are liable to give the baby wind, and many other troubles. The mother must live and sleep as much

as possible near the open air, with windows wide open, day and night; she should take a daily bath, a daily nap, drink plenty of pure water, and take salt with her food. Nor is there any need to overeat herself: a plain, wholesome diet will afford her all the nourishment she needs; in fact, there are plenty of mothers now nursing fine children on a purely vegetarian diet.

The nipples must be treated with great care, and kept dry and very clean, else they are likely to become sore. They can be guarded by covering them with a proper shield, when not in use. In case of soreness they may be bathed with a solution of burnt alum and water. They should not be dressed with any lotion, unless there is a tendency to crack, in which case they are best touched with white of egg beaten up with an equal quantity of flour, and applied by means of a camel hair brush. The slightest crack calls for instant treatment, lest an abscess may result. The breast should be given through a shield unless the child refuses to take it in this way, in which case, the milk can be drawn off into a warmed glass and given from a bottle. At about the third day, in the case of a first confinement, the breasts may become hard, lumpy, and painful; but this can generally be relieved by hot fomentations.

Breast troubles.

The diseases of the breast to which a nursing mother is liable are milk fever and abscess of the breast. Milk fever is brought on by exposure to cold, too much excitement, keeping late hours, or foods too rich. It commences with shivering, headache, and a furred tongue, and the simplest treatment is a dose or two of fruit salt or similar saline. It soon passes away. Abscess of the breast is a complaint that needs instant attention, else the breast may become ruined for future service. The disease manifests itself by hard knots, very tender to the touch, and there is great pain in one particular spot. The same treatment must be followed, and the child should be suckled from the sound breast alone, the milk from the inflamed breast being drawn off by means of a breast pump. If the inflammation does not speedily clear up, then a surgeon should be consulted. He will probably lance the abscess. The breasts are very sensitive, consequently it is a mistake to allow older children to romp too near to them, or to climb up to the mother's neck. Painful breasts must never be rubbed, and it is a good plan to suspend them carefully in handkerchiefs.

Nursing notes.

Children differ in their method of taking the milk. There are some who play with it, going to

sleep most of the time, and only setting to work again at the least movement to get the nipple away. It is a mistake to let the baby hang on to the nipple all through the night: it tends to make the nipple sore, besides being exhausting to the mother and bad for the child. There are babies who swallow the milk too quickly, and then they bring it up in the form of curds. Vomiting such as this is comparatively harmless, but should not be necessary. The baby should be given each breast alternately at each feeding, so that the breasts may retain their proper form, and be always healthy; in fact, there is danger of a gathered breast if one is used more frequently than the other. Sometimes a baby shows signs of discomfort if nursed at the right breast, owing to the liver pressing on a full stomach. In a case such as this, the child should be held for both breasts with the body in the same direction, and put down on the right side when finished. The best position for nursing is for the child to be held partly on its side, with the mother bending forward in such a manner that the nipple drops easily into its mouth. The breast should always be plump and firm before the child is put to it. A flabby breast would suggest that it is being used too frequently. In the event of the baby jerking away from the nipple with a cry of pain, it is possible that the mouth may be sore. The mouth should be

kept moist with barley water, and a doctor consulted.

There ought at first to be no mixing of breast milk with cow's milk. Cases occur where the admixture proves very harmful. But later on, if the mother is not able to give an adequate supply, the breast feeding must be supplemented, preferably by suitably diluted cow's milk, or by a proper "food." If there is to be any supplementary feeding, it is better to reserve it for the day-time, so that the breast may be available at night.

Feeding times.

The meals should be given at times when the child seems to require them, care being taken to avoid over-feeding. At first, they will be needed every two hours; but, before very long, the intervals can be lengthened, and the child will probably sleep all through the night without requiring feeding at all. A baby at the breast will often lie contentedly in the cradle all day, but will wake up punctually at the mother's bedtime, and refuse to go back into the cot. Over and over again, when you think you have been successful in getting the baby to sleep, the least movement towards the cot will find it alert as ever: the baby keeps open a watchful eye, and has no intention of being caught

“napping.” For this reason it is very necessary that the child should be accustomed to the cot right from the beginning, and it is the duty of the nurse, and afterwards of the husband, to industriously see that the baby is returned to the cot after each meal. Getting out of bed when you are dying for sleep is a kind of martyrdom, but very necessary if you and your wife are to have any rest throughout the long months of nursing. It does not always follow when the baby cries that the cry is a call for the breast, and, although a meal is generally acceptable, the mother should be careful to avoid overloading the little stomach. Very often the cry is for a change of napkins, or to be held out, or a cry for water. All babies, whether at the breast or on the bottle, should be given plenty of water to drink; in fact, the water should be given with the same regularity as the meals—at getting-up time, after the morning nap, after the afternoon sleep, and before going to bed at night. Especially is it necessary in the teething time. It cools the mouth, and often acts like magic when there is any fretfulness.

Wet nurses.

At one time it used to be largely the practice of wealthy people to employ what were called “wet” nurses for their children, but it is now becoming the fashion for mothers, even of exalted station, to

nurse their own babies. It happens occasionally however, that a wet nurse is the only hope of saving a child's life; consequently this book would be incomplete without a reference of some kind to the practice, mainly to indicate the essentials to be looked for in a "wet" nurse. First of all, her own child must be healthy and of the same age as the child to be nursed, else the milk will not be of the same strength. She must not be a woman of strong passions, but a mild, country-bred woman between twenty-four and thirty-three years of age, with quiet eyes, and a placid manner. Her breasts must not be large. They should be firm and pear shaped. The milk must be tested to ascertain whether it is sufficiently nourishing; and her own health, and the health of her children and relatives, must form the subject of exhaustive enquiry, lest there may be germs of disease in the milk. If there is the least history of disease, she must be rejected. She must be active, temperate, and well nourished, but not fat; she must show no sign of ever having had any suspicious skin affection; and she must love the fresh air, and frequent baths. Finally, she must not menstruate during suckling. Care must of course be taken not to feed her up too liberally at the outset, lest the change from a poor woman's diet to that of an extravagant household may be too sudden for her.

A mother who engages a wet nurse for her child should, however, bear in mind the fate of the nurse's own little baby, condemned to bottle-feeding and perhaps to death. Furthermore, there is the influence of the nurse upon the child. It is said by thoughtful observers that a child nursed at the breast not merely imbibes nourishment, but the mental attributes of the nurse as well; and, if this is really the case, a mother should be careful as to the moral and intellectual character of the nurse she selects for her child. Another danger with a wet nurse is that she is apt to dose the child with soothing syrups and other medicines, unless carefully watched. It is evident that wet nursing should only be resorted to where the child is too feeble to take a bottle.

CHAPTER VI.

BOTTLE FEEDING.

The best food.

IN the event of the mother finding it impossible to continue her child at the breast, then the best food that can be given is cow's milk, suitably diluted. Mix six tablespoonsful of cow's milk with six tablespoonsful of water, four tablespoonsful of barley water, one tablespoonful of cream, and two tablespoonsful of milk sugar. Be sure that the milk is pure. A very good test is to put into it a knitting needle: if the milk clings to it, and drops slowly off the end of it, then the milk is all right; but, if it runs off the needle, then you may rest assured that there is added water.

The milk should be kept in a cool place, preferably in an air-tight bottle, and out of the way of any strong-smelling meats or fish. Milk is quick to absorb any germs of disease that may be floating

about from defective sanitation; consequently, the pantry must be kept absolutely sweet and clean, and in the summer the bowl should stand upon ice, so that the milk may not turn sour. It is useless to boil sour milk in the hope of saving it.

Sterilising.

There should be no need for the milk to be sterilised, or peptonised. Milk that has been sterilised is probably responsible for a good many cases of rickets and scurvy. A few years ago, sterilisation was proclaimed to be one of the great discoveries of the age, and there are people who continue to pin their faith to it; but, nevertheless, it is likely to go out of vogue. Nor is it altogether wise to keep to the milk of a particular cow, unless the cow is under your own supervision, and always healthy and well. The milk that comes into the market is of necessity the milk of a large herd. One of the herd may be diseased; but the quantity of milk supplied by that particular cow is scarcely likely to affect the rest of the supply to any injurious extent; consequently, it is better to risk the combined milk than fly to the more serious risk of getting milk regularly from a cow that may already be tuberculous.

As the child grows older, the quantity of milk must be increased; and the richness of it can be

improved by adding to it more cream. The mixture must, of course, be thoroughly stirred before using. Should the enriched milk be found difficult of digestion, the curds can be softened by the admixture of more barley water, in place of plain water. This is made by mixing a dessert-spoonful of barley flour with a tablespoonful of cold water, then add a pint of boiling water, stir, and simmer slowly for about an hour, and strain through muslin.

Condensed milks.

There are parents who prefer condensed milk to the natural article, and children fed upon it appear sometimes to thrive, provided the milk is one prepared with all its cream, such as Nestlé's and other guaranteed brands. Condensed milk that has been prepared from separated milk or skimmed milk is little better than slow starvation. After all, there is the same objection to tinned milk as to all other milk preparations. For one thing, there is too much sugar in it. Ordinary sugar is liable to clog and sour in the stomach, and set up wind troubles. It is a mistake to keep condensed milk in the tin, after it has once been opened: the milk should be put into a glass vessel. Of late years, various dried milks have come upon the market, and are said to be efficient, but, all things considered, the only

satisfactory substitute for the mother's milk is the raw cow's milk, or better still, goat's milk. It is the rarest thing for a goat to have tuberculosis, and a single goat can be kept at a nominal expense, and will supply a sufficiency of milk for a small family.

Patent foods.

Of course, there are many "foods" to be had, all of them possessing merit, but all of them lacking some of the value to be obtained from pure milk. Many are only proper for children who have cut their teeth. These are the "starchy" foods. Others are graduated for various ages; others are said to be nourishing right from birth. A baby fed from the breast until weaning time grows like a tree, strong and firmly rooted, with a constitution of iron, ready to withstand all the attacks of all the diseases that children are liable to. It is a positive delight to see a child such as this stripped for the bath. The flesh is so firm and beautiful, the bones so straight and strong, and the whole body so lithe and active, that anyone comparing the child with one that has been brought up on "foods" cannot fail to see the difference.

Under no circumstances should any starchy food be given to a child until sufficient teeth have arrived to render the food digestible. The way to

test for starch is as follows:—Mix a little of the food with water and heat it. Then allow the mixture to become quite cold, and add to it a few drops of solution of iodine. If it turns blue-black there is starch in it, and if the stain is merely yellowish brown, then it is free from starch. Anything made with flour, arrowroot, cornflour, sago, tapioca, semolina, potatoes or pea flour should be rejected until the child is old enough for it.

Sugar.

Sometimes it is found that a child will not take to a particular food unless it is sweetened with added sugar. This should first be dissolved in warm water. It is well to remember that white sugar is constipating and moist sugar relaxing. Needless to say, any food given to the baby must be fresh, and freshly prepared. Anything left over must not be made use of again.

Milk should never be brought to boiling point unless the bowels are offensive. The food must be given at blood temperature (about 98 degrees Fahrenheit) certainly not hotter, else it will injure the child. Food must never be given lukewarm. If any of it has to be given at night it would be well to keep a spirit stove or night-light warmer in the bedroom. Food for use at night can be put warm into a Thermos flask, or into an air-tight

bottle of the kind that milk dealers supply, and then the bottle can be placed in the bed. Another method of warming food is to let an electric bulb hang right into the centre of it. It used to be supposed that electric light gave off no heat at all; this is quite a mistake.

Night feeding.

Night feeding should be avoided if possible. The child should be taught not to expect meals at night, in fact the practice of feeding at night is probably responsible for a good deal of hiccough, vomiting, and bowel trouble, all of them caused by overfeeding. By adhering strictly to regular habits, you will secure ease and comfort for yourself in the day time, and perfect rest at night. But it must be early begun, else the child will fight, and fight to win.

Sometimes a particular "food" may not be agreeing with the child, in which case it should be changed or alternated with another. Should the motions become green or offensive, the food, and possibly the method of feeding, should be changed.

Feeding bottles.

For a very young baby not at the breast, the bottle is better than spoon-feeding, but the bottle

must be kept scrupulously clean, and there must be no tube in it. Bottles with tubes are largely the cause of the excessive infant mortality that is causing so much anxiety to municipalities all over the country. Chemists will tell you that the tubes that come back to them for replacement are often filled with disgusting dirt, in fact the tube is liable to rot away owing to the foulness inside it. Even with the greatest care the rubber deteriorates and allows decomposing milk to find lodgment in the cracks of it. The best forms of bottle I know of are the "Allenbury," supplied by Allen and Hanbury, and the "Alexandra," by Maw, Son, and Thompson. The teat of the former fits right on to the mouth of the bottle, and there is an opening in the other end by which air is admitted. In the "Alexandra" there is a glass screw stopper, to which the teat is fixed, and the amount of air admitted depends on the tightness with which one screws down the stopper. Both these bottles are easily cleaned. They cannot be left in the cot for the baby to resort to whenever inclined, and this is one of their advantages.

Feeding notes.

The proper position for feeding is for the child to lie in a half reclining position on the mother's arm. If the food does not come

as far as the teat, the baby can only suck in air, consequently a tubeless bottle must be held to the lips until the meal is finished. Care must be taken that the holes in the teat are not too many or too large; and equal care that they be large enough. Trouble often arises in feeding infants when the teat is too hard, or its openings too small. The teat should be well soaked before use, and if the openings are too small, they can be enlarged with a red-hot needle. A robust baby six months old will get through a pint and a half of milk a day. Should the baby take it too quickly, it would be well to withdraw the teat occasionally.

After the bottle has been used it ought by rights to be washed under a running tap, then placed in water with a little borax, brought slowly to the boil, and kept boiling for 20 minutes. It would be well to have at least two bottles in use, so that one of them may be always clean and ready as a substitute in case of the other becoming broken. There should be three or four teats in soak as well.

Bottle Cleansing.

Never clean a bottle with a bottle brush, else bits of bristles may get into the food. The food should be prepared in the nursery under the eye of the mother rather than by servants in the kitchen. The mother could then see that the pans

and bottles are scrupulously clean, also that a second supply of milk or food is not put upon the remains of a former one. The rubber tip of the bottle should be frequently examined to see that it is free from sourness, also that the holes in it are not clogged.

A baby that has been on the breast will not always take to a bottle at first, but in a case such as this the tip should be dipped in honey, and the breast persistently refused. The child should not be hurried with meals, nor encouraged to eat when it has obviously had sufficient. Always after the bath for the first six months the mouth must be cleansed with boric acid lotion, so that any deposit in the mouth left by the food may be removed.

CHAPTER VII.

IS THE BABY THRIVING?

The signs of a healthy baby.

THIS is not the place to deal with the ailments of children. These are reserved for Section 3. In the present Section I am concerned only with healthy babies. Nevertheless, it is important to ascertain why the baby is not thriving. It can be seen at a glance whether the baby is making progress or not.

The healthy baby is manifest by the following signs :—

Steady increase in weight.

Beautiful glow after a bath.

Cheeks healthy in colour.

Head firm at the top.

Good appetite.

Healthy sleep.

General contentment.

Teeth at the proper time.

If the baby be emaciated, or flabby and pasty-faced, if the eyes are red or mattery, if there is

frequent vomiting, diarrhoea, and wind, if there is persistent crying or any inexplicable crying, the appetite irregular, the motions wrong, and the sleep disturbed, then there must be something radically the matter.

Weight and diet.

So far as the weight is concerned this can be tested by an ordinary pair of scales. The child should, at the very least, increase at the rate of six ounces per week till the end of the second month, five ounces till the end of the fourth month, and three-and-a-half ounces till the end of the sixth month.

Is the diet right? If the mother is worried and ill, the child may not be getting nourishment enough. If there is bottle-feeding there may be starch in the food or not sufficient cream or sugar, or the baby may not take to the food. If the feeding is irregular and careless, or the bottles and teats are not scrupulously clean, no wonder the child is ill.

Is the food changed frequently? It takes some time for a child to get used to a particular food, and changes are likely to upset the digestion.

Getting out.

Does the child get out enough? You cannot

expect a baby to be healthy if you keep it cooped up day and night in a stuffy nursery. Try opening the windows, and let the baby be out in the air the whole day if possible, carried out in the morning, and sleeping in the pram all the afternoon. I have known a baby to cry for a whole morning, and yet, when the poor little creature was taken out into the air it stopped crying at once, and came back in a sound and healthy sleep.

Constant crying.

Why is the child perpetually crying? This is a subject big enough for a separate chapter, and I am dealing with it later on in the present Section. There is all the difference in the world between the cry of a healthy baby and one that is not thriving.

Is the baby packed up with too many clothes? Think of what you yourself would consider necessary for your own personal comfort, and apply the same consideration to your baby.

Are the baby's feet always cold? Too few clothes are naturally as bad as too many. Some babies are more susceptible to cold and cold winds than other. These should be kept warm by having hot water bottles in the pram and cot and protection always from strong gales.

Is the baby clean? .

Are there any sore places? These arise from

neglect in drying after the bath. The creases in the neck, for instance, are difficult to cleanse, and any carelessness in drying may result in soreness and misery.

Is the nurse giving the child proper attention? I have known a nurse leave a baby day after day for hours in a top room, whilst she retired to some convenient seclusion with a penny novelette. The baby cried the whole time, and would have died from exhaustion if the mother had not discovered in time what was the matter with the child.

Is the baby dosed with medicine or opiates?

These are all questions that need answering.

Stupid mothers.

Any intelligent mother will know in a moment what is the matter, but I have known mothers, to all outward appearances as sweet as anyone could desire, yet callous and selfish about their babies, or else stupidly ignorant and flabby-minded, accepting the advice of mothers who have "buried seven" in preference to their own common sense. If the baby is not thriving, it is the mother, in nine cases out of ten, who is to blame for it.

CHAPTER VIII.

VACCINATION.

Vaccination a disease.

AT the time of registration, the Registrar of Births will deliver to the informant a notice under the Vaccination Act, giving full particulars of the requirements. Of course, you are under no obligation to have your child vaccinated if you object to it. None of my own children have been vaccinated; in fact, it seems to myself a profanation of a beautiful body to put into it a disease that was never intended to be there. Vaccination is nothing more nor less than the introduction into a healthy child of a disease known as cow-pox. The practice has become so much an accepted part of the constitution of the United Kingdom, that, for a long time, none but a few people (who were then regarded as cranks) ever troubled to enquire whether it was of any value, and whether it might not indeed actually be harmful. But, at last, the anti-vaccinator has triumphed over the law, and compulsion is a thing of the past.

Why it was adopted.

Singularly enough, there are very few people who know how vaccination came to be generally adopted. It happened in times very different to those in which we are now privileged to live, the days when plagues of various kinds devastated whole townships, and doctors were scarce. The science of sanitation was then in its infancy, and tramps, who are the main disseminators of small-pox, were allowed to roam at their ease all over the kingdom without any inspection of lodging-houses, whilst the disease left its victims horribly disfigured for the rest of their lives: in fact, it was probably the disfigurement more than anything else that made small-pox so great a terror. Even in our own times, notwithstanding that medical science has so far advanced that the disease is curable, and the disfigurement almost preventible, the very first notification of small-pox occasions a scare. Yet there are scourges far more terrible in their consequences (consumption, for instance), and these are allowed to go through the country unchecked, and men and women with disease in their systems are allowed to propagate their diseases in wedlock without any prohibition.

How discovered.

Vaccination was discovered late in the last century. The discoverer—Dr. Jenner—was working as a doctor's apprentice at the time in Gloucestershire, and became aware of a local tradition that milkmaids were immune from small-pox. The subject attracted his attention, and he found that the milkmaids received from the cow a mild form of disease, similar in some of its respects to the disease of small-pox, that made it unlikely for them ever to be attacked by the more virulent disorder. It therefore occurred to him to inoculate people with cow-pox. Accordingly, he obtained lymph from some of the cows, and made experiments by inoculation with so much seeming success that by the year 1807 the practice of vaccination became common. It was not, however, until the year 1853 that it became compulsory; nevertheless, it soon became manifest that vaccination did not render people immune from small-pox. It was said by its protagonists that patients who had been vaccinated received the disease in a milder form, and were more likely to recover, but it was found that a very much better preventive of small-pox was to isolate the patient, and even to isolate apparently healthy persons who had been in any contact with the disease.

The uselessness of Vaccination.

It is not vaccination that has killed small-pox, but isolation and improved sanitation; and now-a-days there is little danger of it to people who keep themselves decently clean, and live in healthy surroundings; in fact, the disease has been practically stamped out, in spite of the fact that large numbers of people have never been vaccinated at all, and have endured fine and imprisonment rather than submit their children to vaccination. The apologists for vaccination have long since surrendered their position in regard to it by saying that after a certain length of time re-vaccination is needed, if the efficacy of it is to be maintained. At one time it was supposed to be sufficient to be vaccinated again after people were grown up, but gradually the period has lessened, and now it is stated with some degree of authority that if vaccination is to be effective it must be endured over and over again,—once every three years at the very least.

Arm to arm Vaccination.

In former days the children were vaccinated with matter taken from festering sores on the arms of other children, with the result that all kinds of horrible diseases were conveyed into the bodies of healthy children. Vaccination was carelessly

administered, and sores were so badly treated that erysipelas and other blood disorders were a common result. So strong was the outcry against arm-to-arm vaccination that the Government were compelled to put a stop to it, and the material now in use is glycerinated calf lymph, prepared under the direction and by the authority of the Local Government Board; nevertheless, the Local Government Board refuse to give any guarantee of purity; and when one comes to consider the treatment Governments sometimes receive from their contractors, it is difficult to have confidence in anything that may be done for them, when the life, and possibly the health of your child for the whole of its life is at stake.

Let me be clearly understood. I do not for one moment suggest that the lymph now obtainable is other than pure; and if my own children decide to be vaccinated with it when they are of an age to choose for themselves, that is their own concern; but, so long as I am trusted with the care of their bodies, it would take some very strong reasoning to induce me to subject them to an inoculation that may or not prove harmful to them, and is certainly needless, and possibly useless unless renewed every third year. .

Exemption.

Fathers who desire exemption from the penalties imposed by the law must obtain a certificate of the birth, and then make their application for exemption to a Stipendiary Magistrate (or two Magistrates sitting in Petty Sessions) or else make a Statutory Declaration that they have a conscientious objection to vaccination. The words to be used in the declaration are as follows:—

“ I, of in the Parish of in the County of being the parent [or person having the custody] of a child named who was born on the day of 19... do hereby solemnly and sincerely declare that I conscientiously believe that vaccination would be prejudicial to the health of the child, and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Statutory Declarations Act, 1835. Dated this day of 19... ”

The declaration must be signed by the declarant in the presence of a Justice of the Peace or Commissioner for Oaths, or any other person having authority to receive a statutory declaration. His certificate must be in the following words:—

" Declared before me at , on the day of , 19.... "

Then follows his signature, and a statement of his official capacity, such as " Justice of the Peace."

The form on the Vaccination Notice can be utilised for the purpose.

Either the exemption certificate or the declaration must be completed within four months from the birth, else exemption cannot be granted; and the certificate or declaration must also be sent to the vaccination officer of the district within seven days after its completion.

Penalties.

Proceedings under the Vaccination Acts can only be taken within twelve months from the time when the matter of complaint arose. The parent or other person having the custody of the child has six months within which to vaccinate, and, in the event of default, proceedings can be taken in two forms, one by which a penalty not exceeding twenty shillings may be imposed for neglect to vaccinate, and the other by which an order may be made requiring vaccination under a penalty of twenty shillings for disobedience. Any person who has been fined under the first method of procedure cannot be subjected to an order under the second until

the child has reached the age of four years, but if an order has once been made and not complied with, the authorities are powerless to inflict any further punishment, nor can they vaccinate the child by force. Accordingly, the general procedure is for a fine, and not for an order.

What happens in Vaccination.

Vaccination can be performed either by your own medical attendant, or at your own home by the public vaccinator. If it is done by your own medical man, you will of course pay him his usual charges; but if it is done by the public vaccinator there is nothing to pay. It should be done, if at all, before the fourth month, so as not to clash with the teething period; but, if there is any skin trouble or eruption or any recent ill-health, it must not be ventured upon until the child is fit for it.

In the case of a girl it is always better to have the vaccination marks on the calf of the leg rather than on the arm, as the marks are apt to disfigure the arm.

The limb should be exposed to the air until the vaccine has become dry, and then lightly bandaged. On the third day a small red pimple appears at each insertion, and after the fourth or fifth day the pimple turns into a spot with a watery head, and the baby will be a little feverish. About the ninth or tenth

day the arm will be swollen and red for an inch or so round the marks, and the spot will then burst and discharge, the discharge ultimately drying into a black scab. The dressings must not be disturbed, nor any attempt made to remove the scabs. The scabs will come off by themselves about the twentieth day. If the inflamed parts are very painful, they must be protected by shields. If there is any pain it will come to its height from the eighth to the eleventh day, when the inflammation will gradually subside. No medicine is needed, but if the arm is not well within three weeks it should have medical attention.

CHAPTER VII.

WEANING.

Gradual weaning.

SPOON or bottle feeding may begin at the sixth month, either in conjunction with the breast or without it. If the breast feeding is continued, then the bottle feeding should not be oftener than twice a day. This is the best method of weaning. The old-fashioned way of taking the child right away from the mother is needlessly cruel. The bottle feeding should be increased until all the meals are from the bottle; thus the weaning is done gradually and efficiently, without any distress to either mother or child. Nevertheless there need be no fear about the sudden transition from breast feeding to bottle feeding. The child may rebel for a few days, but will eventually settle down to the new condition of things, if only you are firm.

The time for weaning.

As time draws on the mother may find herself suffering from persistent headache, and the milk decreasing in quantity. This is obviously the time

to commence weaning. It is an indication that the monthly function is returning, or a new pregnancy commencing. Weaning is best postponed if the weather is oppressively hot, or the child is recovering from an illness or cutting a tooth. But nursing at the breast should not be prolonged beyond nine months from birth, in fact the mother should begin to wean at the seventh month, or at any rate within three months after the first tooth has appeared. I know of mothers who continue suckling until the child is old enough to come and ask for the breast. This is a fruitful cause of rickets, and there are writers who say that it induces idiocy and softening of the brain. Sometimes the mother continues to nurse her baby out of sheer good-heartedness, rather than compel the child to endure the sadness of weaning, but generally, when the nursing is prolonged, it is done in the hope of preventing a new conception. As a matter of fact this is by no means certain as a preventive.

Food for weaning.

It stands to reason that a baby with teeth needs a starchy food in order that it may thrive in bone and muscle; consequently, with the coming of teeth, the milk of the mother begins to be insufficient for full nourishment. There are some who

prefer to wean upon a spoon food rather than the bottle, and one of the most nourishing of these foods can be prepared from Scotch oatflour in the following manner:—Take one and a half tea-spoonfuls, dredge with two or three of cold water, pour on to it a breakfastcup of boiling water (or milk and water, according to the age of the child), then stir thoroughly, strain through a strainer into an earthenware pan, and stir with a wooden spoon till it comes to the boil. Sweeten with sugar of milk, and feed from a saucer with a dessert spoon, using a little milk to cool it. If the food is not sufficiently palatable it may possibly be not sweet enough.

As soon as the nursing comes to an end the mother may find it necessary to look to her breasts. If the weaning has been gradual, the breasts are not likely to give any trouble; but where the weaning is sudden it may possibly be necessary to paint them with belladonna and glycerine, or take a little saline medicine, and practically no fluid at all with the meals, until the milk is no longer secreted. The breasts must not be rubbed, and, once breast feeding has been discontinued, the child should not be allowed to commence it again.

Food for young children.

At the twelfth month it is permissible to give a

little thin porridge once a day. Other simple foods for young children are eggs beaten up and added to milk, well-boiled bread and milk, blanc mange, junket, egg custard, custard pudding, stewed fruit, apple stew, baked apples, rice boiled with milk till the rice is very soft and has absorbed most of the milk, and strips of bread dried quickly in the oven till crisp, but not browned. Oat jelly is also very nourishing. This can be made by soaking half a teacupful of oatmeal in a quart of water for twelve hours, after which it must be boiled down to a pint and then strained. No meat should be given to the child, nor is there any need for broths or other meat soups. The child should be taught to chew everything thoroughly, and not to hasten over meals.

After the eighteenth month, the child may have boiled eggs, milk puddings, and the like; and at the end of the second year will be able to sit at the table, and take meals with the family.

Table manners.

It is better for children to learn as early as possible all the table manners they are likely to need. If they are to take their meals in the company of servants, one need never be surprised if their habits at the table are disappointing, and even humiliating, when the children of visitors are with you. They should

have very little meat, preferably none at all, and not many sweets, but should eat plenty of butter, jams, cooked fruit and nuts. They should also drink freely of water. Children are always asking for water, and this should never be grudged to them, except at night, when there is any risk of bed wetting. Water should always be taken on a journey. It is better than milk, and is almost certain to be needed. Children should not be coaxed to eat against their will. Fasting is a remedy that nature provides for many forms of illness. Eating out of meal times is also unwise. It can best be discouraged by giving crusts of dry bread. If the child is hungry, the crusts will be eaten, and the hunger satisfied.

CHAPTER X.

MOTIONS AND NAPKINS.

Holding out

IT goes without saying that the motions must be regular, if the baby is to thrive. After the first day or so from birth, the baby should be "held out" at regular intervals, generally after the bath, and at the time of waking from sleep. The mother can tell for herself when a motion is needed, for the little one will give a kind of warning cry, or become restless in the cot. At first there are about four motions in the day, and gradually the child is content with two. For holding out purposes, after the first three months, it is convenient to seat the child upon a chamber previously warmed or fitted with a wooden seat. This is better than the usual chair. After a motion a child should always be sponged and dried.

Colour.

The motions should be of the colour and consis-

tency of mustard, and almost odourless. If they be green, hard, shiny, or sour smelling, or if the curds are white, you may take it that something is wrong, possibly with the mother's diet, assuming that the child is still at the breast. Motions dark and lumpy, and mixed with mucous are sometimes occasioned by catarrh of the stomach, motions grey or clay coloured indicate liver trouble, motions streaked with mucous membrane and blood are a symptom of typhoid or dysentery. If very watery and odourless, diarrhoea is the cause of it, if very offensive the trouble is probably ulceration of the intestines, if slimy this is a sign of irritation in the bowels, if frothy there is wind, if undigested curds are found in it this would suggest that the cow's milk given to the child is too rich in cream, and anything solid in the motions may indicate what should be avoided in the diet. Symptoms such as these are not necessarily conclusive, but the state of the bowels is always of importance. In the event of the motions being wrong, the mother should promptly look up the table of symptoms in Section 3 of this book—the Section devoted to children's ailments. She will thus, at a glance, be able to ascertain with tolerable certainty whether the trouble will pass over, or whether she ought at once to consult a doctor. Mothers often fly to the doctor in needless terror. A little intelligent

watching of symptoms would save a world of anxiety.

Napkins.

The question of napkins is a perplexing one. There are mothers who bunch up the little legs in a cushion of stuff in order to prevent the dresses and beds from being soiled. The child is heated, the legs are straddled, and the skin becomes red and unwholesome. A single napkin is all that is needed. It is only of service in case of a motion. It takes far too many thicknesses to absorb all the wet. Imagine what must be the feelings of a baby kept stewing, perhaps for hours at a time, in a solid mass of wet napkin. And yet there are mothers who wonder why their babies should be red raw round the buttocks! It is heartrending to think how blindly people tie themselves to convention.

It will be found a convenient plan to keep the napkins folded cornerwise, in readiness for use. There is no need to fasten them between the legs. Nothing should be done to hinder free movement.

Bed wetting.

Wetting at night can be prevented by holding the baby out at the first sound of restless-

ness. Sometimes a sleepy baby can be taken out of the cot asleep, held out, and afterwards put back without waking. This is the only method of dealing with children who habitually wet the bed. It is useless to punish them, as the wetting is beyond their control. Generally it occurs between the ages of two and three. After weaning, a child should have as little fluid as possible at night time, and then there is less risk of wetting. Under no circumstances should the mattress be protected with a waterproof sheet. A waterproof sheet means that the child is kept lying night after night in a pool of wet. If the mattress is a hair mattress, the wet will run right through it, but if the child is taken out of the cot at the moment of wetting, the mattress can be turned, and there will be no discomfort. If the underside is wet after turning, and it is inconvenient at the time to get the mattress dried, it is better to cover the wetted portion with a blanket. A child in clammy wet clothing cannot help but whimper. In the event of the wetting occurring whilst the child is in bed with the mother, the wetted portion of the bed can be covered with a piece of thick blanketting. This will enable the mother to go through the rest of the night without changing the bed. But this must only happen rarely, else the mattress will become offensive.

Mattresses.

It stands to reason that the cot mattress must be aired when wet, and will need to be washed occasionally. For an older child troubled with bed wetting it is a good plan to have a mattress made of canvas, stretched upon a frame to fit the cot. Two or three holes should be made in the canvas, and hemmed round. It will be necessary to place a receptacle under the holes in the canvas. This is only to be expected, seeing that the baby's diet is mainly fluid.

It is a great mistake to put nightgowns on children who are likely to wet. All that is needed is a vest to cover the shoulders. By this means the legs are enclosed only by the napkin, and there are no night-clothes to get wet and chilly.

Napkins should be clean and very soft, quite dry, and pleasantly warm. Directly they are wet they should be put straight into water and steeped, and afterwards washed with soap (but without soda) and then rinsed under a running tap. They must be thoroughly dried in the outside air, and aired off before using. By rights they should be washed at home, and if the mother cannot attend to the washing herself, she had better make an occasional test to see if soda has been used. The test may be made by soaking a napkin in water, and then tasting the water. If there is a salt

taste, you can safely accuse your washerwoman of using soda. Blue litmus paper may also be used to test for soda.

Dried Napkins.

It is a slovenly trick of nurses to dry a wet napkin without washing it, in fact the mother will have to be always on the watch to prevent the occurrence of anything of the kind. Napkins merely dried, or washed with soda are irritating to the child, and bad for the skin, in fact they are liable to produce a rash that is painful and difficult to cure. It is possible to buy napkins specially shaped for the figure, and fitted with a kind of absorbent sanitary towel that can afterwards be burnt, but these are only for people of ample means.

A napkin should never be stained with the wet. If there is any stain, it would be well to see a doctor about it. The water should be clear, but with a slight yellow or greenish tinge. It is paler in the case of babies nursed by the mother than in that of bottle-fed babies.

Water Troubles.

If the water be scanty and strong in colour or in odour, this is a sign that something is wrong, and needs attention. If the legs are

drawn up and there is frequent crying from obvious pain, but nothing wrong with the bowels, you must look to the water for an explanation. It would be well to keep some of it, and allow it to stand. If there is any grit or blood in it, this is an indication of kidney disease, and you must at once see a doctor. If the child cannot pass water at the customary times, it is a good plan to put the hips into warm water. This often brings relief.

CHAPTER XI.

CRYING.

III effects of crying.

NOTHING is more distressing to a mother than to hear her little one crying, without being able to find out the cause. There are people who will tell you that crying is good for the lungs, but this is nonsense—merely an excuse of nurses who wish to save themselves trouble. Crying is very weakening, and I have known babies to sob themselves into a pitiable condition, simply through lack of sympathy and attention. There are nurses who seem to think that because no tears are shed, the crying is of little account, but babies under four months old cannot shed tears to any extent. If there is crying, there must certainly be a cause for it, and this should be ascertained without delay. In course of time the mother will have a fair idea as to what is the matter.

There is no mistaking the cry for food. This is earliest of the cries, and the simplest to alleviate. If there is any doubt on the part of the mother as

to its meaning, she need only place her cheek to the child's lips, and the baby will suck vigorously.

The pain cry.

Another type of crying is the pain cry. This is manifest when the child's face becomes shrivelled and wizened, the legs drawn up, and the child jerks away from the nipple. Generally the trouble is a wind trouble, and there are various methods of dealing with it. The baby should at once be placed in a sitting position, with the chest raised on one hand, and the other hand patting its back. By way of changing the position it can be laid on its stomach. A hot water bottle under the stomach will sometimes give relief. Perhaps "holding out" may break the wind. If this is of no use, try a drink of water. Dill water is better, but water pure and simple is sometimes as effective. There are some who prefer cinder water, made by dropping a hot cinder into it. Dill water can be obtained from the chemist, and is really a decoction of caraway seeds. If the baby does not bring up wind, and the crying continues, it is possible that the child may be feeling cold. It should therefore be allowed to kick in front of a hot fire. As a last resource a hot bath may be tried, and, if this is not a success, then there is likely to be something radically wrong, and it would

be better to call in a doctor without delay, as the change from apparent health to a state of collapse is very rapid with babies.

Sometimes the cry is a call for attention. The child has had a motion, or is lying in a wet napkin. In a case such as this the napkin should be changed, and, if the binder or vest be wetted, these must be changed as well. Possibly a safety pin may have come loose, and is pricking the baby, or the binder may be too tight, or the child's clothes have become rucked up, or there may be a flea in the cot.

The whimpering cry.

Then there is the whimpering cry. It must always be borne in mind that babies are just as fond of excitement as grown-up people, so that a baby left very long to itself is sure to whimper when awake, unless somebody is at hand to give it attention. Whimpering generally comes at an inconvenient time, but the child must not be allowed to grizzle. Something must be done to put a stop to the crying; of course the breast will generally stop it, but it is not always desirable or convenient to stop a child from crying by giving the breast. Rocking is not of much use, and is sometimes hurtful. Taking the baby out into the fresh air will often soothe

the trouble, and, if the crying occurs at night time, it may possibly be a good plan to wrap the child up and walk about in front of the open window.

Diversions.

A gramaphone, or looking at a lighted candle or match will sometimes divert a baby from crying. Giving paper to tear up is another pacifier. After the first six months a biscuit or a crust of bread may be tried. Perhaps the baby may have been put to sleep in an unfamiliar cot. Babies are very conservative. Anyhow the crying must have a cause, and it is for yourself to ascertain it. Threatening and jeering are alike useless : the child is not old enough to understand.

A healthy and active baby that lives most of its time in the open air does very little crying, in fact, whenever there is any continued crying the nurse is generally to blame for it.

Soothing syrups.

Under no circumstances must you resort to any of the advertised soothing syrups. They are efficacious enough, but they contain opium, and the baby is simply drugged into silence. They are a great temptation when the crying is persistent and wearying, but you must be prepared to tire your-

self out to the last limits of your patience, rather than resort to a practice condemned by all right-minded people. Of course there are babies that cry until you are desperate to know how to deal with them. It is simply a case for infinite patience. For children over a year old the best thing to be done is to cuddle them closely to you and pet them. If this is not sufficient, try diverting the attention; do something startling. One of my own little boys once had a taste of mustard on his tongue, and, for a long time afterwards, the mere threat of mustard sufficed to pacify him. If he would not go down quietly in his cot, the mustard-pot was produced, and placed on a table close by the side of him. This was at once efficacious.

Comforters.

It is becoming usual to soothe babies by the use of an indiarubber comforter. The only possible justification for the use of a comforter is during teething, and only then as something to bite at and not to suck. Once the comforter habit is acquired there is a difficulty in putting a stop to it. A comforter is ugly in the mouth of a child, and is likely to alter the shape of the mouth, and induce a number of troubles in the nose and throat. It often causes trouble with the teeth, and may possibly make them irregular and ugly. If used at all it must

be kept scrupulously clean, and must not be put back into the baby's mouth after being dropped on to the floor until it has been washed. There should also be a shield attached to it, lest the child should swallow it, also a ribbon to prevent it from falling. It must be airtight, else it will produce wind, and under no circumstances must it be dipped in sugar or syrup. The "comforter" habit may be broken off by gradually shortening it until there is so little of it left that the child can hardly keep it in the mouth, and tires of it.

Persistent crying may sometimes proceed from a physical cause, but if the child seems none the worse for the crying, then there need be no great anxiety. Nevertheless, there is always danger of a ruptured navel, consequently the crying should be stopped if possible. One of my own children crawling on the floor once got a piece of a broken needle into his foot, and it was only by careful examination that the crying was explained. I mention this in order to emphasize the necessity of searching out the cause of the crying.

The language of crying

The crying of an infant is the only language of which the child has any knowledge—the only genuinely universal language—and the least one

can do is to try and understand it. The following is a feeble attempt at a key:—

Awakening—murmuring and then shrill.

Bowel pain—straining.

Brain disease—shrieking.

Bronchitis—gruff.

Cold—grizzling.

Colic—violent and in paroxysms, face livid, hands and feet cold, belly hard and passing of wind.

Croup—hoarse and ringing.

Drowsy wakening—whimpering.

Earache—short, piercing, continuous cries, with rolling of the eyes, one continued scream.

Food—a kind of straining murmur, ending in a disappointed yell.

Grief—sobbing.

Gripes—violent screaming, with legs drawn up.

Hunger—wailing, generally after a sound sleep.

Indigestion—peevish, with skin hot and breath sour.

Inflammation of lungs—moaning.

Navel rupture—constant crying.

Pain—short and sharp.

Teething—fretful.

Temper—furious.

Wakefulness—continuous until taken up.

Wet—intermittent.

CHAPTER XII.

SLEEP.

Sleeping hours

A YOUNG baby should spend most of its time in sleep. Especially should it be encouraged to sleep all through the night, and during the meal hours of the family. Nevertheless, there are times when the baby is rightly awake, and these will soon shew themselves, so you must make your own arrangements to harmonize with those of the baby. A baby put to sleep at nine o'clock will probably wake for food at two in the morning, and again at six; I have known babies absolutely healthy to do very little sleeping at all, even at night time. This is trying to the household, but there is no help for it.

Fratching.

In any case the cot should be kept in the mother's own bedroom. No matter how contented a baby may be ordinarily, there are always times of restlessness and "fratching," and it is necessary for somebody to get up and walk

about: a degree of self-sacrifice you can hardly expect from a nurse, particularly in the small hours of the morning, in fact it may be reckoned as one of the essential duties of the father. The mother is awake, or ought to be awake, during the whole time of the feeding, and it is an immense relief to her to have the baby taken away from her, even for half an hour. It will soon drop off to sleep again, whereas with the mother it snoozes for a few moments, and then makes for another turn at the breast. This is liable to go on during the greater part of the night.

For the first week or two the baby will sleep a good deal with the mother, but, always afterwards, it should be put into the cot when the meal is finished, else the sleep of the mother is fitful, and there is a risk of the child being "overlaid."

Overlaying.

Overlaying is not of frequent occurrence amongst decent people. It generally occurs where one or both of the parents go to bed in a drunken condition, and sleep too soundly. An older baby can probably rouse the house by screaming, but a baby only a few weeks old is often too feeble for resistance. This is the reason why a mother should avoid going to sleep with the baby at her breast.

The child ought to sleep as near as possible to

an open window—wide open from the bottom. Naturally, if the night be windy, or there is a pelting rain, it is better to leave the door wide open instead. But nobody need be afraid of night air—it is as health-giving as the air of the day; and a baby accustomed to sleep with the open window is restless and unhappy in a closed-up room. It is commonly recommended to have a board fixed under the lower sash of windows of the guillotine type, so that air may be admitted through the junction of the two sashes. Personally, I prefer the direct draught.

Outdoor sleeping.

In the summer time the baby should during the daytime be put to bed out of doors in a perambulator, or even in a clothes basket, placed in the garden, or on the doorstep. The quantity of bed-coverings must be regulated by the weather. It is a mistake to load the cot up with bedclothes; the weight is oppressive. If the cold is very intense it is better to convey warmth to the cot by means of a hot-water bottle rather than extra coverings.

There ought to be no noise in the sleeping room. Babies are very sensitive to noise. It is said by some that babies should be taught to sleep in the

midst of all that is going on in the household, but the result is dullness of hearing.

The child should have the head low, and only blankets to sleep in; blankets are better than sheets, because, in the event of a wetting, the child is less likely to take cold. Care should always be taken that the cot is comfortable. If the blankets are "rucked up," the child is certain to be restless. A baby at three months old should be vigorous enough to kick off the bed coverings, consequently these should be fastened to the cot by tapes, lest the child may take cold. Another convenient plan is to put a blanket over the top of the cot, with a good deal of it hanging down on each side. This will keep off the cold air in the event of the bedclothes being kicked away. Needless to say there must be no rocking: rocking is disturbing to the digestion, and bad for the brain.

The daily rest.

As time draws on, the hours of sleep will become less, but, up to the fourth year, and even later, it is desirable that children should be put to sleep after the midday meal. They are liable to get cross and irritable long before bedtime if they lose the afternoon's rest. Even if they are inclined to be wakeful, it is better to put them into their cots,

with picture books to look at. The books will soon drop out of their hands. When putting them to rest it is best to remove their outer clothing and shoes, also to darken the window.

Children who do not sleep during the day should have their bath not later than five o'clock at night. Also they should be "held out" before the parents go to bed, else you will have them awake long before daylight. Another thing that needs remembering is that children should be put down awake, and should not be afraid of being left in the dark. Send them joyful to bed, and they will go to sleep as naturally as yourself when bedtime arrives.

If the child cries out in any terror at night, go at once with a light, and do not question about the terror, but ignore it. Sit by the side of the cot, convey a feeling of protection and safety, soothe by a reminder of something humorous, and leave the light burning for a time. A child waking in the night should be "held out." This is generally all that is wanted.

CHAPTER XIII.

EXERCISE.

Air baths.

A BABY should always have an abundance of exercise. Babies, as well as grown-up people, need amusement and exercise in order to keep them in health, mentally and physically; consequently the parents must devote themselves in every way to their children, even if it means affording precious time for the purpose. Especially should a tiny baby be allowed to kick for quite an hour after the bath in front of the fire, both morning and night, and in the summer there is no reason why the child should not be allowed to lie completely naked in the open air, care being taken to shield the head from any direct rays of the sun. By this means the baby will not only grow up healthy and strong, but will be aided to sleep at the proper times. Another way of taking a sun bath is to lay the baby naked on a bed close to the window, but a baby old enough to wriggle off the bed must be placed on cushions on the floor.

Physical culture.

From the first day of the birth till the child is able to run about, it should be assisted with physical exercises. A baby's grip is very firm, and as soon as the head can be held erect, the father should let the baby grasp his thumbs, and then, holding the hand firmly with the fingers, he can lift the child gently up by the arms, allowing all the weight of the body to hang by the arms. The child will not cry, and in course of time will begin to look forward to these moments of play. As soon as the baby is strong enough, the father can swing it gently by the hands, always with the greatest care, and, in time, it will enjoy being swung quite high up. Nervous people will tell you that you will put the baby's wrists out of joint, or do something equally horrid; but this is sheer nonsense. I do not suggest for one moment that anybody other than the parents should do it. The nursemaid should be forbidden to do it, under pain of instant dismissal. But the parents are capable of seeing that their grip is exactly right, and will only swing the child when the child is anxious for it, and able to appreciate it.

Exercises for the baby

The baby can be held up by the feet, swung with the father holding feet and hands; carried

about sitting on the father's shoulder and head; and allowed to climb up to his neck and head. In the course of time it will be found possible to stand the baby upon your hand without any other support at all. Grip the little feet firmly, and use the other hand to steady the child. Then remove the steadyng hand, and the child can be lifted slowly till your hand is level with your head. As the baby falls, the other hand is ready to catch it. The annexed illustration is a snapshot of a baby only three and a half months old, and it is easy to see that he knows when he is enjoying himself. The baby will shriek with delight at the very sight of the father when play-time is due, and the little limbs will grow firm and strong, until the child's whole body is a picture of beauty.

Attempts at walking are generally made at a year old, but except in the case of thin wiry children it is better not to encourage walking till later. In any case the child will walk without any encouragement at all as soon as the proper time arrives.

In course of time a trapeze may be added to the nursery, and Swedish exercises encouraged. Tip-toe exercises and skipping are also valuable in cases of flat-foot.

Needless to say, the child should spend as much time as possible in the open air. From the day of birth, there is no reason why the baby should



AN ATHLETE AT $3\frac{1}{2}$ MONTHS.

relief, and if necessary you can put on the abdomen a flannel wrung out of very hot water.

Convulsions.

It remains now for me to deal with the only complaints about which there is any danger. Fortunately, convulsions is not in the least likely to occur in the case of a child properly fed and cared for, and there are many other inducing causes for it than teething.

It commences without any previous warning. The symptoms are rolling of the eyes, twitching of the mouth, jerky movements of the limbs, and grinding of the teeth. Then the body becomes stiff and rigid, the breathing stops for a moment, the toes turn under, the head is thrown back, and there is frothing at the mouth.

The first thing to be done is to throw up the window, dash cold water on the face, and as soon as possible put the child up to the neck into a hot bath (as hot as can be borne) for about five minutes, all the while dabbing cold water on the head. A little dry mustard rubbed behind the ears and at the back of the neck may effect the same purpose. If the paroxysms continue, you can try injecting into the bowels a mixture consisting of a teaspoonful of salt, one of olive oil, and a cupful of gruel. The injection can be repeated in a quarter of an

hour. The first attack rarely proves fatal, and the child is quite insensible to pain during the convulsions.

Lancing the gums.

If teething is the cause of the trouble, relief can generally be given by lancing the troublesome gum, but it is a pity to do it if this can be avoided. In any case it should be done only by a doctor. But, supposing a doctor is not obtainable within anything like a reasonable time, and the child seems to be in danger, it is possible for the parents to lance the gum, provided they keep themselves calm, and set to work carefully and deliberately. It can be done with a pocket knife, but, of course, the knife must be scrupulously clean. The mother should tie the hands with a cloth, and then hold the child on its back with the head grasped between her knees. The father can steady the gum with his forefinger, and with the other hand should cut it a little from the top, holding the knife just as he would hold a table knife. The knife should be heard to grate on the tooth, and the slightest flow of blood will probably give relief. To lance the upper gum the father should work from the front, and to lance the lower gum it is better to be at the side. If there is any risk of convulsions, it would be well to try the dry

mustard treatment once or twice a week, and see that the bowels are kept regular.

Child crowing

Child crowing is another of the teething diseases that may happen all in a moment, and, unless it is treated immediately, there is grave danger. It is purely a teething complaint, but is sometimes mistaken for croup. The child is apparently well, and then in a moment becomes livid and struggling for breath, making a loud crowing noise. After a frightful struggle the paroxysm ceases, only to return a little later, and again without warning. The treatment is to pull out the tongue and dash cold water on the head and face plentifully and perseveringly. Then put the child up to the neck in a hot bath, still dashing water on the face and head, and, if necessary, slap the back and buttocks smartly. As each paroxysm occurs, put your forefinger down the child's throat, and pull the tongue forward. Lancing the gum will generally give relief. The crowing is likely to recur when other teeth are being cut, consequently it is wise to try a change of air for the child—the child should practically live in the open air.

CHAPTER XVI.

CLOTHING.

Shortening.

I HAVE already dealt fully with the question of the first baby clothes. It now remains to give a few notes as to the later clothing. Just as the long clothes need not be excessively long, so the short clothes ought not to be needlessly short. The proper length is what will suffice just to cover the feet, and, as soon as the baby is ready to walk, the length can be reduced. The short clothes we use for my own little baby consist of a vest, a little coat and a pair of "crawlers." By the use of these the child is always kept warm. For outdoor purposes a jersey is needed as well, and the legs are wrapped in a shawl of Shetland wool. If any covering is desired for the head, there is nothing more effective than a little Dutch cap, either embroidered, or of lace. The feet should always be well wrapped up whilst the baby is out

of doors, and then there will be no need for socks.

Knickerbockers.

In the case of girls, as well as boys, I am in favour of knickerbockers, almost as soon as they can walk, at any rate for use in the country. The "little boys" (as my own little girl calls them) are kept in place by being buttoned on to a linen vest, worn above the body vest. Knickerbockers are warmer, and more comfortable than skirts. They should be of navy blue or brown, if you wish to save a daily washing. For the outer garment a dark jersey is very serviceable. A pretty type of dress for a girl is the "djibbah," and a convenient house dress may be made with a light blouse, and a dark overskirt hung from the shoulders by wide straps. For a boy I prefer for a nightgown a long vest till the end of the second year, and then pyjamas. Clothing all of the one colour is always more effective and economical than a mixture of colours.

There must be no pins in the clothing, but only tapes and linen buttons, and everything must be loose, soft, easily washable, and unshrinkable. In the summer time as little clothing as possible should be worn, in fact a silk or wool vest, an outer garment, knickers, and a pair of sandals will suffice.

Caps.

Socks and caps are needless. Where can you find any healthier boys than those of Christ's Hospital, and yet none of them wear caps—not even in the depth of winter. In winter time stockings are needed. These can be kept in place by suspenders or by elastic straps fastened to large linen buttons at the side of the linen vest. All loose knots must be removed from the stockings before they are worn, and they must not be too frequently darned, else the feet will suffer. For the feet, my own children have Jaeger sandals all through the summer. These are fitted with felt soles for warmth, and strips of leather at the sides to exclude wet. They are very roomy, and are also in lefts and rights, a very necessary consideration. Boots have a tendency to weaken the ankles, but they are needed in winter.

CHAPTER XVII.

NURSEMAIDS.

Training.

THIS book would be incomplete without a reference of some kind to the difficulty of nursemaids. Almost every young mother who is able to afford the expense engages a nursemaid, and, so long as the girl is tidy and obliging, the mother is liable to rest content that everything is well with the baby. Now this is a mistake. A mother should never take anything for granted. She must assume that her maid knows nothing of what is expected from her. The nursing of infants does not come to young girls altogether by intuition. They must be trained, and, what is more, they must be willing to be trained. It is only by making your instructions precise and complete that you can ever have confidence enough in a girl to trust her out of your sight.

Criminal carelessness.

On one occasion I received a call from the

Cruelty Inspector to say that a perambulator resembling my own was to be seen daily in the slums. It appeared that somebody's nursegirl had been in the habit of taking the children to her own home every afternoon in order that she might assist her mother with the housework. A maid should be forbidden under pain of instant dismissal to go into her own or anybody else's house whilst out with the baby, and the mother should follow occasionally to see that she obeys. I have known little children taken by nursemaids to see in their coffins the corpses of infants who have died from infectious diseases. Every mother of experience will admit that I am in no way exaggerating the danger. Unfortunately, too, it is a danger difficult to detect, unless the little one is old enough to talk about it, and even then there is the further danger that the child may be told by the nurse not to say anything to the mother. It is in this manner that children receive their first lessons in deception. If at any time a nursegirl is found out in anything deliberately wrong, it is better to part with her. Generally speaking, it is an economy to engage a nurse who has already had the care of young children. A young and inexperienced girl has so much to learn, whereas a really competent nurse is a treasure you only learn to value adequately when she is gone.

Good Nurses.

A good nurse is generally good from the outset. She ought to possess a strong love for children, simply because they are children, and should take up nurse work because she likes it. It is essential that she should be patient—to lose one's temper with a naughty child is a fatal mistake. She must also be methodical in her work. A nurse who is never "done," but always trying to make up time (and never succeeding) is better got rid of. Nevertheless, it must not be forgotten that the care of little children is very exhausting at times, and the mother should do all in her power to see that the nurse gets fair play, and a fair amount of leisure.

Things to remember.

In the case of a very young baby, great care must be taken that there should be no jiggling or rocking, that the child should be held properly with the back and chest fully supported, that napkins, bibs and vests are changed directly they are soiled or wet, that the child is properly dried after changing, that napkins are thoroughly washed and not merely dried, and that woollen garments in washing are not allowed to shrink. The girl must be taught that children are to be dressed in winter time as soon as they get up, and properly dried

after washing, particularly in the ears. Their clothes must be kept aired, their shoes and stockings changed as soon as they are wet, and outside clothing taken off directly they come into the house. They must be taught to speak correctly and with proper courtesy, to masticate their food, also not to wash their food down with fluid, nor make mouth-noises whilst eating.

Dangers.

The nurse should not be allowed to administer medicine or corporal punishment, nor should she give the children sweets or any food other than that prescribed by the mother. Nurses drawn from the poorer classes often carry out in the kitchen or nursery a practice they have been accustomed to in their own homes—that of giving the baby something to eat from the table, such as pudding or sugar, and even meat. This is the ruin of many digestions. It is better for babies under a year old not to be present at the table when others are eating: they struggle for food, and it needs a strong will to resist the temptation to give them some.

The Pram.

Great care is needed in the management of the perambulator. This is liable to topple over, par-

ticularly on rough ground. The carriage should be lifted gently over the kerbs, and the child should always be wheeled in the reverse way to the wind. The nurse should pay instant attention to any call from the child whilst she is out with it, and must not be allowed to gossip with other nurses, nor must she allow the child to be uncomfortable in the perambulator.

Another matter that needs constant supervision is the making of the cots. Children rarely complain, and nurses who are slovenly very often content themselves with tidying up the bedclothes, without turning the mattress or airing any of the bedding. I have mentioned these items because they are all in my own experience.

Gruesome stories.

The nurse should be of good appearance, cheerful, and beloved by the children. She must not tell them gruesome stories, nor obtain obedience by frightening them or leaving them in the dark. She must not have any deformity, nor squint, nor have any defect in hearing, nor should she speak badly. Children are quick to imitate the manners of servants. Of course it is out of all question to give the children into the charge of a day girl, no matter how nice may be the home from which she comes, and whenever a working-class girl comes from a

numerous family of youngsters, the mother should see that her head is clean.

The ordinary nursemaid is apt to check the children unreasonably, generally at times when she wishes to save herself the trouble of inventing amusements for them. The children, too, are quick to copy her manners, her speech, and her ideas upon things in general, and this is not always desirable. There is also the further danger that she may slap, shake, snub or snarl at the children. I have known nurses to box the ears of children, rendering them deaf for life.

Mothers' Helps.

The need for constant watchfulness is such that mothers are fast giving up the idea of training nursemaids at all: they prefer to engage a mother's help from the educated classes. These are more responsive to training, and are altogether nicer and more helpful with children.

CHAPTER XVIII.

AMUSEMENTS AND PUNISHMENTS.

Children's pleasures.

CHILDREN are best left to themselves. They find inexhaustible pleasure in their own games and toys, and live for the time being in a world of invention that is out of harmony with any hope you may cherish of ever getting upon common ground with them. It is ridiculous to buy expensive toys for them. They only keep to the toys of their own choice. What they like to do best is to potter about in the garden, digging as they please, and occasionally picking the flowers and buds. For this reason it is always well to allot to them a portion of the garden, where they can grub to their hearts' content. They should spend as much of their time as possible out in the open air, exploring farmyards, and seeing things, and having them explained to them. Many a lesson may unconsciously be learnt by children out for a walk. For instance, they may be taught to distinguish colours by being told "Here

is a brown horse," or "Do you see that white dog?"

Of course this sort of thing may be carried too far. Children who are alert and nervous in temperament generally see sufficient whilst they are out of doors without having anything pointed out to them. By all means answer their questions, but avoid overtaxing their little brains.

Indoor amusements.

Great patience is needed with children when they are kept to the house on account of bad weather. This is the time when you must be prepared to devote yourself wholly to their amusement. They are fond of dancing, and music, cleaning furniture, cutting pictures out of advertisements, blowing bubbles, having tea with a toy tea-set, letting off fireworks, and making boats and houses out of the chairs. Even "ring-a-ring-of-roses" or playing at animals, or pretending to be a doctor, or any other nonsense, will serve to fill up a dull half hour. A gramaphone is invaluable for a wet day, and a box of bricks is a perpetual comfort. Have plenty of them in the house—the more the better. It is astonishing how intelligently children can build if they have anyone at hand to give them suggestions. One day I happened to be telling my youngsters the story of Naaman the Syrian, and

embellished the story by mentioning that Naaman had to be carried in a litter. The litter became one of the chief features of the story, and I had to sketch a picture of it, and then to build it in bricks, with a brick inside for Naaman. The children took up the idea at once, and for quite a long time Naaman and his litter were frequently in evidence on the floor. On another occasion I sketched in bricks a ground plan of the nursery, leaving it to the children to fill into it all the furniture. These are trifles, but they serve to indicate what can be done by anyone who cares to take the trouble.

Stories.

Needless to say, all children love picture books and magazines, and are always fond of stories, if only you can tell them acceptably.

By the time my own little girl was eighteen months old, she knew by heart all the nursery rhymes we could procure for her, not of course to be able to repeat them word for word, but only the tags of the lines. We were then at our wits' end to find something else that would be suitable to her age; but all the stories we could lay hands on were for older children. It then occurred to my wife to expand the rhyme of Bo-Peep into something like a story by adding a multitude of details, and

localizing the events. In course of time the story of Bo-Peep lost its charm by frequent repetition, consequently it was necessary for us to search for something else. I was astonished to find how few of the Bible stories offered possibilities for the purpose, and my first success was from Shakespeare.

The Naughty Fat Man.

This was the story of the "Naughty Fat Man." One morning, after seeing the "Merry Wives of Windsor," I began to tell how Falstaff insisted upon getting into the house in the absence of the master of the house, in order to eat Master Ford's dinner. The story was a great success, and retained its freshness for quite six months. Others that followed into frequent demand were Cinderella (the ugly sisters), David and Goliath (the naughty giant), Daniel in the lions' den (the naughty king), the "Pied Piper of Hamelin," and the "Lay of Horatius." Just now "Peter Pan" is prime favourite, Alice Woodward's pictures being a great delight. Two other charming books are The Cock, the Mouse and the Little Red Hen by Felicité Lefevre, and Elsa Beskow's beautiful work "The Adventure of Putte amongst the Bilberries." Randolph Caldicott's picture books are also invaluable in the nursery, and Harms-

worth's "Children's Encyclopædia" is full of suggestions for stories and games.

Conscientiousness.

It is sad to find how limited is the range. It seems almost an essential of any story that it should contain something harsh and cruel, in order to enforce the moral. One may well be appalled at the ideas some of them put into the mind of a receptive child. One of my greatest anxieties in the "Naughty Fat Man" was to justify the conduct of Mistress Ford in saying that Falstaff had gone home, when all the time he was in the basket under the dirty clothes. Eventually I got round the difficulty by explaining that she was afraid he might do violence to her husband, and preferred to punish the Naughty Fat Man in her own way by having him pitched into the river. Even in Cinderella I felt compelled to gloss over the fact of the sisters being ugly by mentioning that they were not really ugly at all, but appeared so because they were always bad-tempered. To many parents this exceeding conscientiousness may seem absurd, but the mind of a child is so receptive, that every idea you implant in it is likely to grow, and bear fruit by the thousandfold when you least expect it. My eldest child is just six years old, and, as yet, there

is nothing in her mind or thoughts that I would like her to be rid of, nor does she know of anything terrifying or horrible to disturb her sleep.

The Pantomime.

Before she was two years of age, I ventured to take her to a matinée performance of a pantomime. The pantomime was "Dick Whittington," and she has preserved a lively recollection of the antics of the cat, also of the dancing. She was distressed at the knock-about scenes—so much so that I had to cuddle her tightly in my arms until they were over. Of course we did not remain till the finish. But she had seen all that I wanted her to see, and was none the worse for the experience. Later on we went to "Ali Baba," and this also afforded her infinite enjoyment, in fact the story of the "Forty Thieves" never seems to lose its charm, although I am compelled carefully to avoid mentioning the ultimate fate of the greedy Cassim. In my own version he was kicked out of the cave, and was so terrified that he never ventured near it again.

Grand Opera.

My experiments have even gone so far as grand opera, and it is wonderful how much enjoyment a little child can get out of the colour and charm of operas such as "Tannhauser," "Lohengrin" and

“Faust.” She nestles in my arms, drinking in the glorious music, and following with active attention all the movements of the singers. Of course I have prepared her in advance by telling her the story of it all; and, when you come to think of it, the play is only story-telling on a more vivid scale. People may say that this kind of thing is too exciting for the brain of a child; but I have had no reason as yet to regret my experiment. On the contrary I believe it to have done much towards brightening her intellect. Whenever she sees a picture of any of her favourite characters in any opera or pantomime, this at once recalls all sorts of happy memories, which alone is a sign that the child’s intelligence has not been overtaxed.

The “Mikado.”

The “Mikado” is a constant delight to my two elder children. They have already seen it twice, and are frequently singing its songs, acting its scenes, and swelling in the fun of it. A child’s intellect should never be forced. But there is no necessity to hinder its development, assuming that the child is physically active, and always in the best of health. I know quite well that training such as this may not be suitable or desirable for every child, but the thing to be remembered in the bringing-up of children is that it cannot be done

on a system. You must mould your methods to meet every individual case, and it is only in this way that you can ever hope for them to grow up bright and attractive. As yet I have not attempted in any way to educate my little girl in the ordinary sense of the term. She has picked up her alphabet from wooden blocks, and can tell almost any word that you spell to her. Some of her words were learnt through a habit we have at home of spelling words that we do not intend our children to understand. Already she can write her own name and laboriously copy a letter, and we are hoping that, without any forcing, she may be as quick with her education as children who are tied strictly to lessons. A cardboard blackboard and a piece of chalk are a great happiness to children. They will scribble and rub out for hours. Of course they get themselves into a terrible mess, but my wife and I do not believe in children being always ready for exhibition. It is a great privilege for them to be dirty occasionally, just as they regard it as a great privilege to run about the house without shoes, and indeed without any clothing at all.

Stunted intellect.

One of the saddest sights I know of is to see children out walking in the orthodox

manner with their nurses, or fastened up in go-carts. Children such as these are in a perpetual state of keeping up appearances. They live in an artificial atmosphere, and are hardly to be described as children. Childhood enjoys itself to the full, without any restraint, other than that of good temper, fair dealing, and consideration for the feelings of others.

Obedience.

Children are very alert. They can be governed with tact, but not with punishment. It is a mistake to dull them. They are individuals from the moment of birth, and must be treated as such. This is not to say that children are not to be obedient, but the call for obedience should never be unfair or unreasonable, nor needlessly made. If you forbid a child to do something he wants badly to do, he will probably go and do it, and risk the consequences, but if you accompany your prohibition by a positive request to do something else, the temptation to be disobedient will vanish. All children are naughty at times, particularly children with an abundance of good health, and overflowing good spirits, and you must make allowances for them. They are soon able to tell from your manner whether or not you are in earnest in checking them, and they will obey you if obedience is required.

Always remember that it is useless to reason with a child who has lost all self-control—the child is best left alone. A little wholesome neglect is sometimes a good thing in nursery management. Whatever is required of them should be just, and any promise made to them must be faithfully kept. Further than this, the natural thirst for information should be met without hesitancy or irritation. Even if the explanation be not understood, it is better to give it. Personally I am in favour of children knowing the process of birth right from the outset of the questioning ; in fact, the mystery made of it, and even of ordinary nudity, is probably responsible for a good many of the troubles that come in after life to children brought up on “strict” lines.

Punishment.

Punish by restricting their pleasures if you like, but try to avoid slapping. If you punish at all, let it be for any roughness of conduct or cruelty towards weaker creatures. Never punish little children for not speaking the truth. My own experience is that children under four years of age are incapable of understanding the vital necessity of telling the truth, particularly when the truth is inconvenient.

Another thing to be guarded against is any sus-

picion of partiality. Children are jealous, sharp-sighted, and quick-witted, and they are very resentful of favouritism. Often the advent of a second child is made the occasion for slighting the child who has hitherto received all the petting. The elder child ought to be overjoyed at the prospect of the new baby, and not in the least jealous of it.

The New Baby.

The coming of the baby should be awaited with the keenest anticipation, and the child incited with such a degree of solicitude for its welfare, that when the baby ultimately appears, the elder child will take up the rôle of protector, and think always first of the baby. You must never, however, forget the existence of the elder child. A kiss given to the one should also be given to the other, and in this way the children will grow up in delightful companionship, generous to each other, and with an affection that will endure to the end of their lives.

INDEX

PAGE	PAGE
Abdomen	27
abscess	44
afterbirth	26, 27
,, pains	36
ailments	59, 78, 106
air	3, 22, 42, 43, 56, 61, 86, 93, 96, 98, 113
airing	121
aloes	103
alum	43
amusement	96, 122, 123, 124, 129
ankles	116
anti-vaccinators	63
aperient	40, 106
appearances	128
appetite	59, 60, 99
apples	75, 104
aprons	5, 17, 18
arm-pits	16, 28
arm-to-arm	66, 67
arrowroot	53
 Baby, second	133
baby's basket	8, 9, 25
barley water	46, 52, 110
barry coats	2
basket work	10
bath	5, 6, 15, 25, 28, 43, 77, 85, 94, 104, 105, 111, 113
bathing	106
bed	25, 26, 80, 81, 96
bedclothes	20, 93, 121
bed time	94, 100
 bed wetting	34, 76, 79, 81
belladonna	74
belly bands	3
Bible stories	124, 125
bibs	1, 2, 4, 103, 119
binders	1, 3, 19, 29
birth	25, 31
biscuits	87, 104
biting	103
black board	128
blanc m lange	75
blankets	6, 9, 16, 21, 80, 94
bleeding	20, 26
blindness	14
blood	83, 106
blotches	102, 107
blouse	115
bone	35
books	94
Bo-peep	125
boric acid	8, 13, 14, 15, 19, 25, 27, 29, 57, 58, 103
bottles	55, 56, 57, 58, 60
bottle-feeding	35, 38, 42, 49, 60, 72, 82
bouillot	5
bowels	78, 83, 104, 108, 109, 110
brain	73, 90, 94, 125
bread	76
breaking out	106
breast	21, 36, 39, 40, 43, 45, 48, 74, 86, 92
breast diseases	43, 44, 45

	PAGE		PAGE
breast-feeding	35, 38, 42, 72, 78, 82	clothes	1, 3, 25, 61, 85, 86, 114, 120, 128
breast glass	40	coats	3, 114
breast pump	44	cocaine	107
bricks	124	cod liver oil	41
bristles	57	cold	3, 61, 85, 90, 93, 94, 99
bronchitis	90	cold cream	99
broths	76	colic	90, 102, 110
brush	8	collapse	86
bubbles	124	colour	59, 78, 82
butter	14, 28, 41, 76, 109	comb	15
buttocks	18, 20, 79, 102, 107	comforters	88, 89, 103, 104
buttons	115, 116	companionship	133
Caldicott, Randolph	125	conception, new	73
candle	87	Condyl's fluid	27
canvas	7, 81	conscientiousness	125
caps	2, 5, 114, 116	constipation	54, 102, 108, 109
carbonate of soda	107	consumption	38, 64
carelessness	68, 118	contentment	59
caraway seeds	85	conventions	79
castor oil	104	convulsions	102, 109, 111, 112
catarrh	78	cooling	21, 47
chamber	77	cord	26
changing	119	cornflower	54
cheek	85	corpses	118
chewing	75	cot	6, 8, 22, 25, 46, 47, 81, 86, 87, 91, 94, 121
chloroform	34	,, travelling	7
choking	104	cotton wool	107
Cinderella	125, 126	cough	102
cinder water	85	courtesy	120
circumcision	33	coverlet	6
cleanliness	61, 66, 89, 104	cowpox	63, 65
clothes basket	8, 93		

	PAGE		PAGE
cows	51	dill water	85
cradle	6	discharge	71, 107
cranks	63	disease	35, 38, 43, 45, 48, 50
crawlers	114	disfigurement	64
cream	41, 50, 52, 60, 78	distress	109
creases	28, 62	diversions	87, 88
croup	90, 113	djibbah	115
crowning	102, 113	doctor	78, 86, 109
crusts	76, 87, 104	doll's bed	11
criing	16, 19, 20, 22, 23, 47, 60, 61, 77, 84, 85, 87, 89, 90, 100, 102	doll's house	11
cuffs	4	draughts	93
curds	52, 78	drawer	8, 11
curtains	11	dress	2
cushions	96	dressing	20, 29
custard	75	drink	20, 26
Dancing	124	drugging	87
Daniel	125	drying	16, 17, 28, 81, 82
darkness	95, 121	duty	38
David	125	dysentery	78
day-girls	121	Farache	90, 107
deafness	122	ears	17, 102, 106, 111, 120, 121, 122
debility	38	eczema	106
decayed teeth	105	education	123, 127, 128
deception	118	eggs	75, 105, 110
declaration	68	emaciation	59
deformity	121	embroidery	4, 8
delivery	24	encyclopaedia	125
dentist	105	eruption	108
diarrhoea	36, 60, 78, 102, 109	erysipelas	6, 7
diet	43, 48, 60, 78, 105, 109	eyelids	13
digestion	102, 120	eyes	13, 14, 26, 28, 59, 90, 109, 111

	PAGE		PAGE
excitement	86, 124, 127	food cry	19
exemption	68, 69	foreskin	33, 34
exercise	18, 96, 97, 98	Forty Thieves	126
experience	118	fratching	91
		fretfulness	42
Face	85, 109	frightening	121
falls	99	frost	99
Falstaff	125	froth	78
farmyard	123	fruit	104, 109
Faust	126	furniture	11
fasting	76		
fat	41	Games	124
fatter	92, 100	garden	123
feeding	35, 46, 55, 56, 58, 92	germs	50
fees	32	glow	59
feet	61, 110, 116	glycerine	74, 103, 107, 109
fenderette	11	glycerinated lymph	67
festers	66	goats	53
fever	44, 70, 108	Go-cart	10
fire	11, 21, 25, 29, 96	gossiping	121
fireguard	11	gowns	1, 4
fish	50	gramaphone	86, 124
flabbiness	59	greenstuff	42
flannel	2, 5, 25, 26, 27, 30	grief	90
flat foot	98	gripes	90
fleas	86, 107	grizzling	86
flesh	53	groins	16
flooding	36	gruel	101
flour	53	gruesomeness	121
fluid	80, 81	gums	104, 112, 113
flushing	102		
fomentation	40, 43	Idiocy	73
food	12, 37, 41, 46, 53, 55,	imitation	121
	57, 60, 74, 84, 105, 110	indoors	124

	PAGE		PAGE
infection	36, 118	lint	21
inflammation	14, 44, 71	litmus paper	81
inoculation	67	litter	124
insanity	38	liver	45, 78
intercourse	42	lodging-houses	64
intuition	117	Lohengrin	126
irritability	94, 99	lotion	13, 27
isolation	65	lungs	90
		lymph	67
Jams	76		
jeering	87	Marks	70
Jenner	65	mastication	120
jerseys	114, 115	matched	87
jigging	119	mattress	6, 7, 80, 81, 121
junket	74	meals	47
Kicking	18, 29, 85, 94, 96	measles	36, 108
kidneys	83	meat	105
kissing	133	meconium	39
knickerbockers	115	medicine	42, 49, 62, 110, 120
knots	116	menstruation	48, 73
		method	119
Lace	4, 8	milk	39, 40, 41, 42, 46, 48,
lancing gums	112, 113		50, 51, 52, 54, 72, 75, 78
language	90	milk, condensed	52
layette	7	milk, dried	52
laxatives	54	milk fever	44
leather cloth	9	milk of goats	53
legs	83	milk producers	41
leisure	119	moaning	90
lessons	123	monograms	8
limbs	111	moral	125
lime water	107	mortality	35
linen	5, 8, 13, 19, 25, 27, 29	mother's help	122

PAGE	PAGE
motions 18, 30, 39, 40, 55, 60, 77, 78, 79, 86, 102, 109, 110	nursemaid 22, 47, 62, 92, 97, 117, 118, 119, 122, 129
mouth 14, 26, 28, 45, 58, 88, 103, 106	nursery 11, 12, 61
mucous 26	nursing 40, 109
mucous membrane 78	nuts 76
muscle 35	
music 124, 126	Oatflour 74
mustard 88, 111, 113	oat jelly 74
	oatmeal 15, 107
Naaman 124	obedience 129
name 32, 33	odour 34, 78, 82
Naughty Fat Man 125, 126	offensiveness 110
nap 43	oil 14, 15, 25, 28, 107, 111
napkins 2, 4, 20, 21, 22, 29, 30, 47, 79, 81, 82, 86, 119	ointment 17
navel 3, 19, 20, 26, 29, 89, 90	opera 126
neck 16, 62	operation 33, 34
needle 89	opiates 62
neglect 62	opium 87
nervousness 124	over-eating 43
nettle rash 102, 107	overlaying 92
night caps 2	over-feeding 46
night gowns 81, 115	overskirt 115
night light 21, 54	
night terrors 94	Pacifiers 87
nipples 30, 40, 42, 43, 45, 85	pain 83, 84
noise 93	pans 57
nose 14, 26, 88	pantomime 126
notification of birth 31	pantry 51
nourishment 39, 40, 43, 49	paper 87
nudity 96	passion 42, 48
	pastry 42
	patience 25, 88, 119
	patterns 4
	peaflower 54

	PAGE		PAGE
penalties	31, 69, 70	Rash	82, 102, 107
peptonising	51	rawness	79
perambulator	9, 10, 61, 93,	redness	17
	118, 120, 121	registration	31, 32, 63
Peter Pan	125	remedies	104
petticoats	1, 2	requisites	1
phenacetin	104	restlessness	91, 93, 94, 102
physical exercises	97	ribbon	104
pickles	42	rice	75
pictures	95	ricketts	51, 73, 101
Pied Piper	125	ring	103
pitch	2	rinsing	81
pillow	2, 6, 8, 9, 18, 29	robe	1
pimples	70, 108	rocking	86, 94, 119
pin cushion	9	romping	99, 100
pins	8, 20, 25, 27, 30, 86, 115	rose water	107
plague	64	rubber	56
plan	124	rusks	105
pleasures	37, 38		
porridge	75		
potatoes	54	Sago	54
poultice	41	saline medicine	74
powder	8, 17, 28, 105	salt	43
pregnancy	73	sandals	115, 116
preliminaries	25	sanitary towels	82
premature babies	15, 21	sanitation	65
pudding	120	scabs	71
punishments	80, 120	scalding	164
putte	125	scalp	14
pyjamas	115	scarlet fever	108
	-	scissors	8, 25, 26
Quilt	18, 29	scratching	102
	-	screaming	90, 92
	-	scurf	14

	PAGE		PAGE
scurvy	51	soap	5, 15, 28, 81, 107, 109
secretion	34	sobbing	84
semolina	53	socks	2, 4, 116
Shakespeare	125	soda	81, 82
shaking	122	soothing syrups	49, 87, 105
shawl	1, 2, 3, 114	soreness	61
sheets	5, 94	soups	75
Shetland wool	1, 8, 114	speaking	120
shield	43	spelling	127
shivering	44	spine	29
shoes	120, 128	sponge	5, 9, 77
shortening	114	spoon	103
shrieking	90	spots	107, 108
shrinking	41, 119	springs	10
sickness	41	squinting	121
simple life	24	starch	53, 54, 73
skin	3, 15, 48, 79, 99	stays	2
skipping	98	sterilization	51
skull	20	still birth	31
slapping	122	stimulants	42
sleep	21, 22, 42, 45, 59, 60, 61, 77, 80, 91, 93, 94, 102, 126	stitching	29, 34
sleeping socks	22	stockings	116, 120
sleeves	4	stomach	85
slobbering	103	stories	121, 124, 125, 127
slops	12	stuffiness	61
slovenliness	121	stupidity	62
slums	118	sugar	16, 40, 50, 52, 54, 60, 74, 89, 104, 108, 120
smallpox	64	sun	96, 99
snarling	122	suppositories	109
snoozing	92	suspenders	116
snubbing	122	Swedish exercises	98
snuggling	28	sweets	76, 120
		swinging	97

	PAGE		PAGE
symptoms	78, 102, 106, 107, 108, 109, 111	tramps	64
syrup	89	trapeze	98
Table manners	75, 120	treacle	109
Tannhauser	126	tuberculosis	51, 53
tape	25, 26, 94, 115	tubes	56
tapioca	54	typhoid	78
tea	41	Ulcer	78
teats	56, 57, 58, 60	urine	33, 82, 83
teddy bears	12	Vaccination	63, 65, 70
teeth	53, 59, 88, 101, 105, 111	vagina	25
teeth grinding	111	vaseline	8, 14, 15, 25, 28, 109
teething	21, 73, 88, 90, 101, 103, 105, 106	vegetables	42
temper	90, 119, 128	vegetarian diet	43
tests	50, 54, 81	veils	2
tidiness	117	vests	1, 3, 20, 25, 30, 81, 114, 115, 119
towels	5, 17, 25, 27, 28	vomiting	19, 41, 45, 60, 109
thinness	98	Wadding	21
thirst	20	wailing	90
threatening	87	wakefulness	90, 91, 94
thriving	59	warmth	98, 110
throat	88	washing	2, 4, 7, 15, 81, 119, 120
thrush	14, 102	water	15, 21, 33, 43, 47, 52, 76, 85, 103, 107, 110, 111, 113
thumb-sucking	103	waterproof sheeting	7, 80
tinned milk	52	weakly babies	15
tiptoe exercises	98	weaning	72, 80
tongue	44	weight	41, 59, 60
tooth brush	104		
tooth cough	102		
toys	123		
training	117		

	PAGE		PAGE
wet 7, 29, 47, 80, 81, 86,	90, 94	wind 41, 60, 78, 85, 89, 90	
wet nurses 47, 48		windows 22, 43, 62, 87, 93, 94	
wheals 107		winter 1, 2	
whimpering 86, 90, 105		womb 36	
white of egg 110		wool 107	
		wrists 97	



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